

29 May 2010

CD + DSCRIPTIONS



Design to die for

Revealed: the UK's most stylish pharmacies **page 26**

BREAKING NEWS: Elizabeth Lee jail sentence quashed **page 4**

**CPD
ZONE**

Test your MUR skills with our case studies **page 17**

EUROPEAN SCRIPTS – SHOULD YOU DISPENSE? **page 20**

Six steps to dealing with accidents at work **page 22**

HOW AWAY DAYS CAN BOOST YOUR CAREER **page 29**

inspire.

MARTINDALE PHARMA

Working with you

We are committed to improving our products and services by working in partnership with you, our customer.

We are not a standard company, we are the reference others aspire to be.

Together we grow

martindalepharma.co.uk

Are you ready for the hayfever season?



PRESCRIBING INFORMATION

Fexofenadine Hydrochloride
Tellast 120mg film-coated tablets

Presentations:
The tablets are film-coated peach coloured tablets containing 120 mg fexofenadine hydrochloride, equivalent to 112 mg of fexofenadine.

Indications:
For relief of symptoms associated with seasonal allergic rhinitis.

Dosage & Administration:
For the treatment of seasonal allergic rhinitis in adults and children aged 12 years and over, the recommended dose of fexofenadine hydrochloride is 120 mg once daily before a meal. The efficacy and safety of fexofenadine hydrochloride has not been established in children under 6 years of age.

Contra-indications:

Known hypersensitivity to any of the product's ingredients.

Precautions:

Studies in adults have shown that it is not necessary to adjust the dose of fexofenadine hydrochloride in the elderly or in renally or hepatically impaired patients. However, fexofenadine should be administered with care in these special groups.

Side effects (Please refer to the Summary of Product Characteristics for full side-effect details):

In controlled clinical trials the incidence of commonly reported adverse events observed with fexofenadine was similar to that observed with placebo. These adverse events were headache, drowsiness, nausea, dizziness, and sleep disorders or parosmia, such as nightmares. In rare

cases rash, hypersensitivity reactions with manifestations such as angioedema, chest tightness, dyspnoea, and systemic anaphylaxis have also been reported.

Pregnancy & Lactation:

Fexofenadine is not recommended in pregnancy or for mothers breastfeeding their babies, due to absence of experience in this group of patients.

Legal Category: POM

Marketing Authorisation Number: PL 04425/0157

NHS Price: Pack of 30 Tablets: £ 6.23

Further information is available from Winthrop Pharmaceuticals, One Onslow Street, Guildford, Surrey, GU1 4YS.

Date of Revision of Prescribing Information: April 2009


Winthrop
PHARMACEUTICALS

Economise without compromise

Adverse events should be reported and information about adverse event reporting can be found on www.yellowcard.gov.uk

Adverse events should also be reported to Winthrop Pharmaceutical UK Ltd as follows:- Email: uk-drugsafety@sanofi-aventis.com Tel. 01483 554242 Fax.:01483 554806



Group Editor

Gary Paragpuri MRPharmS
020 7921 8045

News Editor

Max Gosney 020 7921 8147

Features Editor

Jennifer Richardson 020 7921 8084

Digital Content Editor

Niall Hunt 020 7921 8185

Reporters

Zoe Smeaton 020 7921 8141

Chris Chapman 020 7921 8086

Hannah Flynn 020 7921 8194

Clinical & CPD Editor

Gavin Atkin 020 7921 8072

Production Editor

Harriet Kinloch 020 7921 8249

Deputy Production Editor

Fay Jones 020 7921 8236

Group Art Editor

Richard Coombs 020 7921 8240

Designers

David Farram 020 7921 8198

Jo Konopelko 020 7921 8196

Office Manager

Elaine Steele 020 7921 8110

(fax): 020 7921 8132

elaine.steele@ubm.com

Marketing Manager

Emily Miles 020 7921 8428

Commercial Director

Ruth McKay 020 7921 8456

Advertisement Managers

Daniel Spruytenburg 020 7921 8126

Deborah Heard 020 7921 8119

Senior Sales Executive

Andrew Walker 020 7921 8123

Online Support Operative

Jonathan Franklin 020 7921 8333

C+D Data

Devi Patel (Operations Manager)

020 7921 8235

Michael Pavey (Business Development

Manager) 020 7921 8422

Colin Simpson (Price List Controller)

020 7921 8667

Darren Larkin (Electronic Data

Controller) 020 7921 8294

Mira Inameti (Data Specialist)

020 7921 8115

Sandra Drawbridge (Input Clerk)

020 7921 8674

Projects Director

Patrick Grice MRPharmS

020 7921 8335

Training Development Managers

Sara Mudhar MRPharmS

020 7921 8414

Kinna McConochie MRPharmS

020 7921 8413

Training Sales Manager

Paul Thorp 020 7921 8426

Projects Administrator

Pauline Sanderson 020 7921 8425

Projects Admin Assistant

Lewis Swan 020 7921 8420

Production Controller

Christine Langford 020 7560 4133

Managing Director

Phil Johnson 020 7921 8106

Email

firstname.surname

@ubm.com



Group Editor and Managing Director

020 7921 8045



‘THERE’S BEEN
PRECIOUS LITTLE
MENTION OF
PHARMACY’S ROLE
IN LONG-TERM
CONDITIONS OR
PUBLIC HEALTH –
ACTUALLY, THERE’S
BEEN ZERO
MENTION’

A decade ago Tony Blair famously promised us ‘education, education, education’. This week David Cameron and Nick Clegg revealed their political aspirations under the slogan ‘Freedom. Fairer. Responsibility’.

In a 36-page document setting out the government’s planned programme of action, the Cameron-Clegg partnership promises us “era-changing, convention-challenging radical reform” and a commitment to “turning old thinking on its head”.

If it was down to creative and inspiring language, Dave and Nick win hands down, but it’s action and results that count, not rhetoric.

Under Labour, GPs increased their stranglehold on primary care and were handsomely rewarded through their quality and outcome framework and as they took greater control of commissioning services.

Under the new coalition, it appears to be more of the same. The new health secretary talks of devolving power to GPs and getting them to take on greater responsibility for commissioning services. The difference is to give patients a “stronger voice” through elected people on PCT boards (p4).

Quite where all this leaves community pharmacy – arguably the most accessible and efficient healthcare provider of all – is unclear. There’s been precious little mention of pharmacy’s role in long-term conditions or public health – actually, there’s been zero mention

of pharmacy’s role in any of the government’s health policy documents. Hopefully we can put this down to ‘early days’ in the new administration – pharmacy is perhaps not the biggest fish in the sea to be fair.

At least the minister with responsibility for pharmacy has been announced and his appointment welcomed (p4). Nonetheless, it’s imperative that community pharmacy seizes the initiative. We will see a new health bill, and primary care services will see more upheaval. But community pharmacy has a good story to tell – it’s efficient, accessible, trusted and able to turn ideas into practice.

There’s a window of opportunity now for pharmacy to let the powers that be know it can help “turn old thinking on its head” and the sector’s lead organisations need to work quickly before it shuts.

Elizabeth Lee – the case continues

Elizabeth Lee, the locum given a suspended two-year jail sentence last year for a dispensing error, has had her sentence reduced to a fine (p4). While every pharmacist will welcome this news, as C+D went to press her conviction still stood and we still await guidance from the Crown Prosecution Service on decriminalising dispensing errors. One step at a time.

Gary Paragpuri, Editor

- 4 New pharmacy minister named
- 5 GPhC in fee consultation
- 6 Errors in prescription pricing continue
- 8 Boards to tackle workplace pressure
- 10 Where next for the APPG?
- 12 Product and market news
- 14 Xrayser and Nick Barber
- 28 Classified
- 34 Postscript

- 17 Update: MUR case studies
Concerning diabetes and heart failure
- 19 Practical Approach
Which antihypertensive?
- 20 Ethical Dilemma
A prescription from Europe – should you dispense?
- 22 Health and wellbeing
Dealing with accidents at work
- 26 Platinum Design Awards
Revealed: the UK’s most stylish pharmacies
- 26 Careers
Away days can do wonders for your career

New pharmacy minister: plans for sector due in 'coming months'

Earl Howe has a strong track record in the sector, say pharmacy bodies



Earl Howe: enthusiastic about pharmacy's role

Chris Chapman
chris.chapman@ubm.com

Earl Howe, a hereditary peer, has been named as the minister responsible for pharmacy in England and said the sector's future will be outlined in the "coming months".

Earl Howe will serve as parliamentary under secretary of state for quality, with his portfolio including primary care, finance, NHS commissioning reform and medicines, pharmacy and industry.

His appointment was welcomed by pharmacy bodies who said his track record had proven him to be a strong representative for the sector.

Earl Howe told C+D he believed pharmacists would be at the vanguard of preventative medicine in the coming years.

He said: "I am very enthusiastic

about how pharmacy will play a bigger role in improving the lives of people, especially in ensuring the safe and effective use of medicines.

"We want people to have more control over their health and pharmacists are vital in our focus on prevention."

PSNC chief executive Sue Sharpe said the committee had worked with Earl Howe on a number of issues in recent years and was "confident that he will be a strong advocate for community pharmacy within the Department of Health". He fully recognised pharmacy's capacity to expand the range of services it provided, Mrs Sharpe added.

NPA director of communications Nicola Rossi also welcomed the appointment, describing Earl Howe's "keen interest" in community pharmacy as "encouraging".

Prior to joining the Department of Health team, Earl Howe, who inherited his title in 1984, was opposition spokesperson for health and social services in the House of Lords.

In June 2009, he campaigned for the decriminalisation of single dispensing errors following the conviction of Elizabeth Lee. He said: "Does the existence of a strict criminal liability test enhance public safety? If the answer is no, as I believe, then the law needs to be changed."

In the aftermath of the general election, the APPG needs your MP

See analysis, p10

Elizabeth Lee overturns jail sentence for error

Elizabeth Lee has overturned the suspended jail sentence she received for a one-off dispensing error made while working as a locum for Tesco in 2007.

The Court of Appeal ruled Ms Lee's punishment should be reduced to a £300 fine as C+D went to press on Wednesday.

However, the judges stopped short of overturning Ms Lee's criminal conviction for dispensing propranolol instead of prednisolone to an elderly cancer patient.

Ms Lee voiced mixed feelings over the verdict. In a written statement, she said: "I am delighted the Court of Appeal has reduced my sentence... however, it is a great shame the Court of Appeal decided not to overturn my conviction."

Ms Lee added the "tragic" events of the past three years would stay with her and "no doubt" the victim's family forever.

Mark Koziol, PDA chairman and member of Ms Lee's legal team, said the appeal's success secured an important precedent for all

pharmacists. Speaking exclusively to C+D outside the court in London, he said: "If any pharmacist finds themselves in a similar situation then judges will be told, don't use a custodial sentence."

Mr Koziol added that he was disappointed that Ms Lee's conviction was not quashed.

Ms Lee's case sparked strong sympathy among pharmacist colleagues and triggered an industry-wide campaign to decriminalise dispensing errors last year.

Ms Lee thanked supporters for helping her through her "ordeal".

She said: "I would like to extend a thank you to all those pharmacists that have wished me well. I now wish to finally put this tragic episode behind me." **MG**

For more on the overturning of Elizabeth Lee's conviction go to:

www.chemistanddruggist.co.uk

Government unveils NHS blueprint

The coalition government has promised greater powers for GPs and patients in an NHS policy vision that leaves pharmacists in the dark over future prospects.

Doctors will be free to directly commission services on behalf of patients under the terms of the health bill revealed in this week's Queen's speech.

And PCTs will be charged with commissioning services "best undertaken at a wider level", according to a programme for government also unveiled by the coalition.

But there was no mention of pharmacy in the health bill or the programme for government document and pharmacy's contract negotiator urged caution over the plans.

"There's potential for concerns, but some of those might be alleviated by how this all fits together," said Alastair Buxton, PSNC's head of NHS services. "I don't think anybody knows the fine detail at the moment – this has been

put together very rapidly."

Extended GP commissioning powers would be a key worry for pharmacy, Mr Buxton stressed.

He also predicted a culling of PCT numbers as the government set its sights on cutting the cost of administration by a third.

PSNC had launched talks with the Department of Health on establishing pharmacy's role in government plans already, Mr Buxton revealed.

However, discussions had been hindered by the embryonic status of the coalition, he said.

Other standout proposals from the new government included creating an independent NHS board in charge of allocating health resources, incentivising ways of improving access to primary care in disadvantaged areas and publishing data on the performance of NHS providers. **MG**

See the health bill and programme for government in full at:
www.chemistanddruggist.co.uk



GPhC proposes £262 fee

Chief executive says profit 'not on the agenda' despite proposed fee rise

Zoe Smeaton
zoe.smeaton@ubm.com

The General Pharmaceutical Council (GPhC) has launched a consultation into its fees for 2011, and defended the proposed renewal fees despite criticism from the RPSGB.

The proposed renewal fee is £262 for pharmacists and £142 for pharmacy technicians. The pharmacist fee and the professional leadership's body's fee of £192 come to a total of £454 – £32 more than the current RPSGB fee of £422.

Steve Churton, president of the RPSGB, said he was disappointed that the GPhC had been unable to keep the total costs of regulation and professional leadership to within the current combined fee plus inflation.

"It is true that any organisation going through a demerger is likely to lose some efficiency, but it is not clear why the total regulatory burden has increased so substantially," he said.

But GPhC chief executive Duncan Rudkin said the GPhC had looked at

the RPSGB regulation budgets and costs as a way of cross-checking whether its own cost projections were reasonable and sensible.

He stressed that making a profit was "not on the agenda at all" for the GPhC. And he said although the regulator was looking to build up reserves, these were purely to enable it to meet any spikes in costs due to high demand or legal cases.

"What we don't want to do is to be putting the fee up in a reactive and unplanned way and having it yo-yoing, which is bad for everybody in terms of planning and continuity," he said.

Mr Rudkin also reassured pharmacists that the GPhC took its moral duty to set fees and ensure efficiency and cost-effectiveness "very seriously". "I recognise that paying fees is not something we all do with great joy but I would hope that people will be reassured that we will challenge ourselves, just as others will rightly challenge us, to continually improve the efficiency of what we do so that we're not racking up costs for the sake of it."

Pharmacists have until August 16 to comment on the consultation at www.pharmacyregulation.org.

AAH fuel surcharge rise

AAH's monthly fuel surcharge will rise to £10.75 from June 1, the wholesaler has announced. The group blamed a "significant increase in the cost of fuel in recent months". It follows an increase in January to £6.75.

www.chemistanddruggist.co.uk

Boots Advantage Card

Boots may open its Advantage Card scheme to other retailers, it has been reported. A spokesperson said the move was "a possibility for the future, but we are unable to comment further".

Child constipation

Nice has launched the first national evidence-based guide on the diagnosis and management of idiopathic constipation in children. C+D's guide to what you need to know about the recommendations is at www.chemistanddruggist.co.uk/cpdzone

Rowlands mobility

Rowlands is reviewing the business and service opportunities in supplying mobility aids through pharmacies after opening a specialist mobility and nursing store in Portsmouth. Commercial director John D'Arcy said: "[Mobility] is a growth area and you have got to say, 'Where does pharmacy fit into that?'"

Allen Tweedie

Colleagues have paid tribute to pharmacist Allen Tweedie, who died this week after succumbing to pancreatic cancer. Dr Tweedie was a fellow of the RPSGB, and was awarded the Society's Silver Medal in 2006 for his work for the community pharmacy sector. Funeral arrangements and donation suggestions are available at

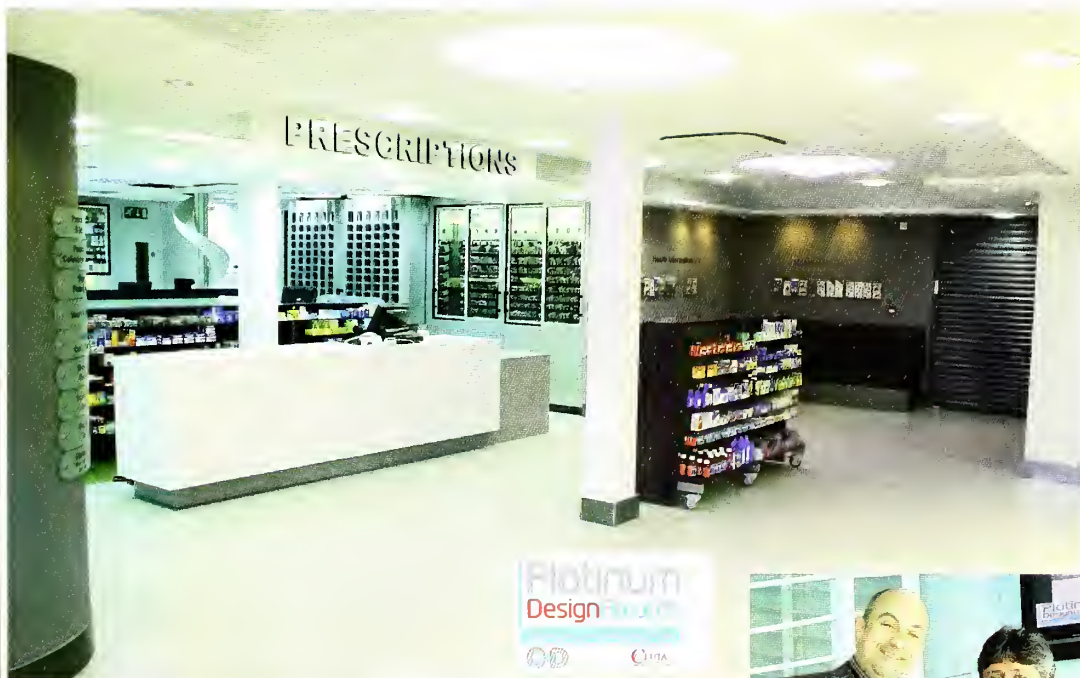
www.chemistanddruggist.co.uk

September takeover for GPhC

Chief executive Duncan Rudkin has defended the news that the GPhC will not now fully take over the RPSGB's regulatory functions until the end of September this year. He told C+D: "The GPhC has been very careful to avoid speculation about a date so I don't think we're talking about a delay."

Both organisations said they were confident the September date was "attainable" after constructive discussions involving

the Department of Health. It had originally been expected that the GPhC might take over regulation as early as January 2010. Also RPSGB registrar Jeremy Holmes leaves the Society in July, Mr Rudkin will assume the role of registrar at the Society until the split is complete, but he confirmed that his employment remained with the GPhC despite the new accountability for RPSGB regulatory matters.



Murrays Healthcare's "art gallery-standard" Malvern branch (above) last week scooped the £3,000 first prize and Best Multiple Pharmacy Award at C+D's Platinum Design Awards 2010, in association with Ceuta Healthcare. Murrays MD Duncan Murray (right, with C+D editor Gary Paraguri) and other representatives from winning and highly commended pharmacies were treated to a day at Lord's, collecting prizes in Marylebone Cricket Club's iconic media centre. See p26 for details



Errors in prescription pricing still being made

More compensation payments likely to be needed, says PSNC

Boots contamination

Boots has warned staff working at its Market Street, Manchester, store that they may have been exposed to contaminated water last Friday. The incident occurred after engineers working in the store accidentally introduced antifreeze into the water supply.

BGMA chairman

Michael Cann, commercial director at Actavis, was set to take up his position as chairman of the British Generic Manufacturers Association (BGMA) at the body's AGM as C+D went to press. Mr Cann takes over from Kim Innes of Teva, who will serve as vice-chair.

Mothers' health

The number of mothers smoking at childbirth has fallen to 14.1 per cent, down from 14.4 per cent compared with last year, the DH has said. Breastfeeding rates rose by 1 per cent compared with last year, reaching 72.7 per cent.

Cambrian Alliance

Buying group Cambrian Alliance has appointed Duncan Heap as business manager for Scotland. Mr Heap would work with members to help them maximise profitability, the group said.

Euro script difficulties

Pharmacists must get a simpler system for checking prescriptions written outside the UK, a legal firm has warned. Existing guidance was impractical and time consuming, said Charles Russell.

Zoe Smeaton

zoe.smeaton@ubm.com

Pharmacies are still not being paid correctly by NHS Prescription Services and are likely to require more compensation payments in the future, PSNC has warned.

In April contractors learnt they would be paid £1,000 to acknowledge pricing difficulties experienced with processing. This payment was to cover both the increase in pricing errors and inconvenience caused by the automatic CIP processing system up until the end of March 2009.

But Sue Sharpe, PSNC chief executive, told C+D there was "no doubt" pricing errors had continued in 2009-10 and that the committee would seek additional compensation for this. Janet Edginton, head of pharmacy audit at PSNC, added: "There is no doubt that CIP requires further improvement."

NHS Prescription Services recognised the failings of the CIP system, Ms Edginton continued,



C+D has previously reported on the impact of CIP pricing errors on pharmacy businesses

"and that's why they have agreed to make error payments". The pricing division was also working with PSNC to help achieve accuracy, she said.

But the error payment deal and the inaccurate payments came under fire from contractors. C+D Senator and Lloyd'spharmacy regional manager Graeme Betts said:

"Who knows what the size of the recent rebate should be? It's a number which we all say 'well, OK, we're grateful to have it', but we've not got the clarity to tell whether it fulfils the whole size of what we should have."

Graham Phillips of Hertfordshire-based Manor Pharmacy called the situation "nothing short of a scandal". He called for contractors to be paid correctly and openly.

Ms Edginton agreed it was not acceptable for contractors to have the prescription forms they submitted priced inaccurately. "This is why PSNC is continuing to work hard to drive improvements in pricing accuracy," she added.

Contractors still have until June 30 to submit a written request for a check of a month's prescriptions to take place if they feel their payment up to March 2009 were significantly affected.

But John Evans, superintendent at Asda pharmacy, warned requesting such checks would be difficult for businesses with lots of pharmacies.

Sector 'crucial' in LUTS referrals

Pharmacists have been urged to refer all men with lower urinary tract symptoms (LUTS) to their GPs for full reviews of their medication rather than continuing OTC care.

Speaking at the launch of Nice guidance on the topic, consultant urological surgeon professor Christopher Chapple said assessment was "crucial" to rule out underlying causes such as prostate cancer.

He added: "I hope that

community pharmacists support this guideline from Nice by advising men who wish to purchase OTC medicines for their urinary symptoms to visit their GP or nurse first so they can be thoroughly assessed."

The comments followed national media criticism of pharmacists' role in selling P medicine Flomax to patients with benign prostatic hyperplasia (BPH).

But Amish Patel, of Hodgson Pharmacy in Dartford, said the

guidance undervalued the role pharmacists could play. "I don't see why it should be an instant referral when we can deal with things, for example through a patient group direction," he said. CC

Does the Nice guidance undermine your role as a pharmacist?

chris.chapman@ubm.com

Have your say

Join C+D's discussions on LinkedIn - a private online network where like-minded groups of professionals can share their ideas and discuss issues that affect them. To take part in our discussion:

1. Go to www.linkedin.com and create a profile
2. Search for the Chemist and Druggist group
3. Request to join
4. Either join a discussion already in progress or start your own

'Sex in pharmacy' scandal makes headlines

A Buckinghamshire hospital has been rocked by allegations of staff having sex in the pharmacy.

The story made headlines in national newspapers after the claims were made by a whistleblower involved in an employment dispute.

In documents set to go before a judge later this year, former nursing

director Maggie Southcote-Want is reported to have accused bosses at Milton Keynes Hospital of a series of cover-ups, including an incident where two members of staff were caught having intercourse in the hospital's pharmacy.

However, a spokesperson for the hospital denied any wrongdoing,

stating that the incident had been investigated in full.

"An allegation was made about inappropriate behaviour in the pharmacy. There was a full investigation which found there was no evidence to support the allegation," the spokesperson said. CC

a painkiller feared by headaches

Nurofen 200mg tablets (ibuprofen) provide faster and longer relief from headaches than standard paracetamol tablets¹⁻³



Why Nurofen. Be it a niggling, thumping or plain annoying headache, Nurofen can bring you fast and effective relief by going right to the source of pain. To find out more about how Nurofen targets headaches visit whynurofen.com

NUROFEN® 
Targeted relief from pain

Essential Information for Nurofen 200 mg Tablets

Name and Active: Nurofen 200 mg Tablets contain 200mg ibuprofen

Indications: For the symptomatic relief of mild to moderate pain, such as headache, backache, period pain, dental pain, neuralgia, rheumatic and muscular pain, migraine, cold and flu symptoms, sore throat and fever and pain of non-serious arthritic conditions.

Dosage and Administration: Adults, the elderly and children over 12 years: Take 1 or 2 caplets, taken with water, up to three times a day as required. Do not exceed 6 caplets in any 24 hours. Leave at least 4 hours between doses. Not for use by children under 12 years of age. Do not use for more than 10 days, or if symptoms worsen, consult a doctor.

Contraindications: Known hypersensitivity to ibuprofen or other ingredients. History of broncho-spasm, asthma, rhinitis, or urticaria, associated with aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). History of, or existing gastrointestinal ulceration/perforation or bleeding, including that associated with NSAIDs. Severe hepatic failure, severe renal failure or severe heart failure. Concomitant NSAIDs, including COX-2 inhibitors. Last trimester of pregnancy. Special warnings and precautions for use. SLE and mixed connective tissue disease. Gastrointestinal disorders and chronic inflammatory intestinal disease. Hypertension and/or cardiac impairment. Renal impairment. Hepatic dysfunction. Bronchial asthma or allergic disease. GI bleeding, ulceration or perforation, which can be fatal has been reported with all NSAIDs at any time during treatment, with or without warning symptoms or a previous history of GI

bleeding. Caution with concomitant medication, which could increase the risk of gastrotoxicity or bleeding, such as corticosteroids, or anticoagulants such as warfarin or anti-platelet agents such as aspirin. Withdraw treatment if GI bleeding or ulceration occurs. Possible reversible effects on fertility. Avoid use during the first 6 months of pregnancy if possible.

Side effects: Hypersensitivity reactions including (a) non-specific allergic reactions and anaphylaxis, (b) respiratory tract reactivity e.g. asthma, aggravated asthma, bronchospasm, dyspnoea, (c) various skin reactions e.g. pruritus, urticaria, angiodema and more rarely exfoliative and bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastrointestinal disturbance including peptic ulcer, perforation or GI haemorrhage, headache, acute renal failure, liver disorders, haematopoietic disorders including anaemia.

MRRP (Excl. VAT): £ 2.98 (24 tablets) £ 5.49 (48 tablets) £ 9.06 (96 tablets)

Legal category: P

Product Licence Number: PL 00327/0147

Licence Holder: Crookes Healthcare Limited, Nottingham NG2 3AA

Date of Revision: April 2010

References: 1. Pearce L, et al. Practitioner 1983;227(1377):465-7. 2. Schachtel BP et al. Journal of Clinical Pharmacology 1996;36(12):1170-5. 3. Data on file, Reckitt Benckiser

Always read the label. Nurofen 200mg tablets contain ibuprofen

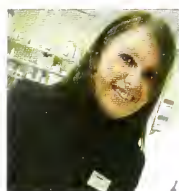
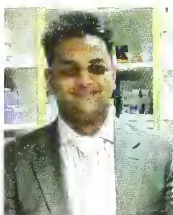


Dispensary talk

Can we really solve the stress problem?

"No, I don't think we can as the number of prescriptions will always rise as well as services. The market is saturated in terms of community pharmacy – we don't want any more but we still complain about prescription volume."

Amish Patel, Hodgson Pharmacy, Longfield, Kent



"I would not have thought so as there are always going to be the pressures associated with making sure you meet customers' needs."

Kate Molyneux, Co-op Pharmacy, Warrington

Web verdict

Yes 21%

No 79%

Armchair view: There's not much good news on the horizon according to our pessimistic respondents, with only one in five believing the sector's stress situation could be worked out.

Next week's question:

Will the new coalition government be good for pharmacy? Vote at
www.chemistanddruggist.co.uk

National boards promise workplace pressure help

RPSGB annual general meeting: time has come to tackle pressure

Hannah Flynn

hannah.flynn@ubm.com

All three RPSGB national boards have promised to tackle workplace pressures in community pharmacy.

The comments came at the Society's annual general meeting and followed the C+D and PDA Union Salary Survey 2010's finding that less than 1 per cent of pharmacists felt the RPSGB's campaign on the issue had fully succeeded so far.

Lindsey Gilpin, chair of the English board, told the AGM the time had come for pharmacists to stop putting up with workplace pressures.

Ms Gilpin slammed the culture, which sees some people dispensing 950 items a day, and said: "We want to give pharmacists the confidence to say, 'I am not happy with this'."

Vice-chair of the Welsh board Mair Davies agreed workforce pressures were high on the agenda and said the board's key priorities



AGM speakers: workplace pressures a key joint priority

were to set minimum standards for safe practice and to reduce time-wasting red tape.

Ms Davies added: "[Work on] workplace pressures will be co-ordinated across the three boards so the sum of the whole becomes greater than the parts."

Scottish board chair Sandra

Melville added that the future professional body would champion pharmacists on their behalf.

"We need a professional body to keep in touch with live everyday issues and to address them," she said, highlighting issues including supply shortages and workplace pressures.

Society seeks help on pensions

The Department of Health (DH) has been approached for funding to help offset the RPSGB's pension deficit, the Society has confirmed.

The full size of the pension deficit will be made available next year, but the Society's £1.9 million surplus in the last financial year dropped to just £39,000 after adjusting for pensions.

Director of finance Graham Duncan confirmed the Society had

approached the DH on the matter.

He added: "I, the chief executive and the treasurer, together with the trustees, will continue to provide additional funding to the pension fund as part of the demerger."

Mr Duncan said the Society was confident that its business plan for the next three years provided a financially viable organisation, but admitted conditions for subsidiary businesses remained difficult. **HF**

Questions asked at the AGM

Q How many staff members do the boards have and what do the boards cost?

A There are 15 employees supporting the boards and the total cost of supporting the boards in 2009 was £2.7 million.

More questions online at
chemistanddruggist.co.uk



First choice ocular supplement
of UK ophthalmologists

Now **once-daily** with **extra lutein**

Alcon

For further information please call Alcon Freephone 0800 092 4567 or visit www.icapsinfo.co.uk
If in any doubt, consult a medical practitioner before starting to take ICAPS.
Available in the UK only.





To stay ahead
professionally,



you need
your Society
behind you.

In our fast moving profession, it is crucial to keep abreast of new developments.

Membership of the new Society will enable you to do just that.

We'll support you to provide the best for your patients, and in meeting the CPD requirements of the new regulator. And we'll also be there to help you develop further if you wish to specialise in a new area or take on new services.

We're working collaboratively with the profession to put in place the support frameworks and assessments which mean your development will be recognised, allowing you to achieve professional excellence and reach your full potential.

We're right behind you – helping you to develop, helping the profession to develop.

Find out more at www.rpharms.com/membership

Royal Pharmaceutical Society

Support

Recognise

Develop

The APPG: what next for pharmacy in Parliament?

The all-party pharmacy group lost key members in the election, but vice-chair Baroness Cumberlege tells **Zoe Smeaton** all is far from lost

The all-party pharmacy group (APPG) has long been a key and influential player in pharmacy lobbying, helping to secure major victories for the sector such as the publication of the pharmacy white paper, which the group had pressured the government to deliver.

Baroness Cumberlege says the group has also been instrumental in shaping NHS policy within which pharmacists operate. And she adds: "Perhaps most importantly, we have achieved a huge amount of consensus among the main political parties in Parliament on key issues relating to health policy and the part that the pharmacy profession should play in the NHS. There are few other policy areas, in health or elsewhere, where such a degree of consensus exists – even in these times of coalition and collaboration."

The job now must be to maintain this pace, the vice-chair says, to ensure pharmacy's voice continues to be heard in the new political landscape. To make this happen newly elected and re-elected MPs must join the APPG and a new leadership team must be assembled.

Baroness Cumberlege says



Baroness Cumberlege: Pharmacists should contact their MPs and urge them to join the APPG

progress is being made on these, but admits that finding someone with the commitment, expertise and energy of former chair Dr Howard Stoate will not be an easy task.

However, she has some words of reassurance: "I am in contact with a

number of my parliamentary colleagues and I am confident we will build another strong team during the summer. It will inevitably take some time, but we are on top of the task."

In a message to C+D readers, the vice-chair asks that pharmacists help her by contacting their local MPs. Being enthusiastic about pharmacy and asking them to join the group could make all the difference. "The general election has ushered in hundreds of new MPs. Some have an understanding and interest in pharmacy, some are less familiar with the profession and its services," she says. "But it is vitally important that as many MPs as possible hear not just from me and the group's secretariat about joining the APPG. They also need to hear from pharmacists in their constituencies. If you contact them and ask them to join the group, they are more likely to do so. A request from a constituent can have a telling effect. All you need to do is send them a short email."

Doing so could just help the group continue to facilitate debate and discussion with policymakers and politicians, and ultimately to press

Lobbying tactics

"The APPG has had a very positive influence on behalf of pharmacy and the new chair will have a hard act to follow in Howard Stoate. But we need local lobbying too so it's really important for pharmacists to talk to their MPs to ensure they have a good understanding of what pharmacy has to offer and how it can help to balance budgets in these difficult economic times."

Alastair Buxton, PSNC head of NHS services

"We have a fantastic opportunity with the pharmacy white paper and a lot of that was due to the APPG. I think it's absolutely crucial that pharmacists now get involved and talk to new MPs, and I don't mean whingeing – we need to make a good impression on them."

Graham Phillips, Hertfordshire-based Manor Pharmacy

for improvements such as better rewards for quality and outcomes in pharmacy, a greater focus on tackling adherence and waste, and stronger local commissioning

For more advice on how to contact your MP you can contact the group's secretariat (via www.appg.org.uk) or contact C+D (zoe.smeaton@ubm.com) to help arrange for your MP to visit your pharmacy. To find your local MP enter your postcode at www.theyworkforyou.com.

What key priorities do you want to see the APPG lobby on?

Number the boxes in the order that you would like to see the APPG lobby on and return the form to us:

- | | |
|--|--|
| ☐ Decriminalising dispensing errors | ☐ Improving medicines waste and adherence |
| ☐ Tackling stock shortages | ☐ Securing sustainable funding for quality outcomes |
| ☐ Raising public awareness of pharmacy services | ☐ Other (please state) |

Your name: _____

Job title: _____

Pharmacy name and address: _____

Postcode: _____

Email address: _____

Daytime phone number: _____

Post this completed page to: C+D, 8th Floor, Ludgate House, 245 Blackfriars Road, London SE1 9UY, fax it to 020 9721 8132 or email your views to zoe.smeaton@ubm.com

UBM Medica would like to keep you up to date about our products and services for healthcare professionals. Our emails may also include information from other carefully selected companies including promotional materials from pharmaceutical companies that may be of interest to you. Your details WILL NOT be passed on to third parties without your consent. If you do not wish to receive information from UBM Medica, please tick this box ☐

You can view our privacy policy at www.chemistanddruggist.co.uk/privacypolicy

☐ Please tick this box if you are happy for UBM Medica to share your details with carefully selected third companies that wish to provide you with information about products and services for healthcare professionals.



Clinical debate

C+D's Chris Chapman looks at the evidence behind the headlines

MMR: the stampede that cost us the herd



If you ever doubt how much impact a single research paper can have, think about Andrew Wakefield's 1998 paper in the *Lancet* linking MMR and autism. The disgraced doctor was found guilty by the GMC of serious professional misconduct last week over the MMR-autism issue. The devastating repercussions of the infamous (and now retracted) paper are still being felt by pharmacists. Dr Wakefield's paper looked at

12 children with developmental disorders who had been referred to a gastroenterology unit. In eight of the children, onset of behavioural symptoms was associated, by the parents, with the MMR vaccine. At a press conference Dr Wakefield urged the use of single vaccines at yearly intervals.

The press picked up on the story and worried parents heard about it. Dr Wakefield's calls started a stampede and immunisation levels began to drop.

In the decade that followed, researchers launched a thousand rebuttals. The evidence base is now overwhelming in its verdict. Perhaps most importantly, a Cochrane review of 139 articles to assess the jab in children found "no credible evidence" of a link between the jab and either autism or Crohn's disease.

But the damage had already been done, as the authors concluded: "The lack of confidence in MMR has caused

great damage to public health."

This is confirmed by the stats. Measles is highly infectious, and requires immunisation levels of around 90 per cent for herd immunity to be achieved. If vaccination hits 95 per cent, measles, mumps and rubella are wiped out. This has been accomplished in Finland.

But in England the MMR immunisation rate for children reaching their second birthday stands at around 85 per cent. While this has recovered from its lowest ebb – around 80 per cent in 2003-04 – it pales in comparison to the more than 91 per cent of children receiving the jab before the Wakefield paper.

The result is pharmacists are once again faced with diseases that had been going the way of the dodo. In 1998 there were 56 cases of measles in England and Wales – by 2009 there were 1,144. It's similar for mumps – 121 cases in 1998, 7,628 in 2009.

The evidence speaks for itself. The

MMR-autism link is unfounded.

The UK has lost herd immunity to diseases the public were once shielded from. If we are to stop the resurgence of these potentially fatal conditions, we need to follow the lead of our Scandinavian colleagues and encourage parents who ask to ensure their child is protected.

As the profession rapidly moves towards being a key player in vaccinations – with community pharmacies vaccinating people against everything from hepatitis to seasonal flu – the importance of pharmacists' effort cannot be underestimated.

To discuss this subject in private with your pharmacy colleagues, join the debate in C+D's LinkedIn group at www.linkedin.com – search for Chemist and Druggist.

Chat with Chris on Twitter: www.twitter.com/CandDChris

Accumulate savings

The sums are simple.

The more you spend the more you save. And the discounts start from the very first pound.

That's how to buy generics.



Regenovex set for £1 million campaign

Jointcare range Regenovex will be the focus of a television advertising campaign later this year.

The range, launched by Deep Heat manufacturer Mentholum at the beginning of this month, will be supported by a £1 million package that also includes trade and consumer PR, advertising, sampling and training.

Regenovex is the subject of ongoing scientific research at a UK university, to be presented at healthcare conferences this year, and further research is planned for later in 2010, including a trial in the US.

The range includes one-a-day

Market focus

- An estimated nine to 11 million people in the UK live with arthritis (www.arthritis-care.org.uk).

- The jointcare market is worth £83.3 million (IRI, October 2008)

capsules "for daily joint health" and two topical products – a gel and a 12-hour patch – "to target problem joints".

Prices: £22.47/30 capsules; £10.21/40ml gel;

£2.34/patch

Pip codes: 347-2651, 347-2669, 347-2677

Laser Healthcare
01202 780558

www.regenovex.co.uk



Zantac 75 web game is viral

Ceuta Healthcare has launched a 'viral' web game for GSK Consumer Healthcare's heartburn and indigestion remedy Zantac 75.

The game can be accessed at www.zantac.co.uk from the end of May, part of a £1 million multimedia campaign for the brand. Potential players will be targeted via an email campaign, press advertising and PR.

Using the brand's "defuse your food" strapline, players will be able to look at the effect of different foods on digestion, and pharmacy assistants will have access to an educational variation of the game.

Zantac advertising will appear in women's nationals and urban



commuter magazines until the end of June, and new PoS material is available.

Price: £7.49/24 tablets

Pip code: 241-4662

Ceuta Healthcare

Tel: 01202 780558

www.zantac.co.uk

Magicool on TV for summer

Magicool and Magicool Plus will be supported by a television campaign from the beginning of June.

The frequency of TV spots will be

increased during hot spells, says brand owner FranceMed Pharma, and the campaign will run until August.

Magicool products are patented self-chilled sprays, and the Plus sub-range is available as Magicool Plus Prickly Heat and Magicool Plus Itchy Skin.

The range is free from steroids and antihistamines, the company says.



Prices: from £3.99

Pip codes: See C+D Monthly Price

List or www.cddata.co.uk

FranceMed Pharma

Tel: 0208 645 0773

www.magicool.uk.com

Sanatogen High Protein Powder from Power Health

Power Health Products has acquired the worldwide distribution rights for Sanatogen High Protein Powder from Bayer Consumer Care.



acquired Roche Consumer Health in early 2005, and will continue to hold the trademark for Sanatogen High Protein Powder.

Prices: £7.65/275g

Pip code: 315-5363

Tel: 01759 302595

www.powerhealth.co.uk

The product was briefly unavailable in the UK but following the change of rights it is now available to order again.

The product is a high protein power that can be added to food.

Bayer Consumer Care took over the Sanatogen range when it

Check out what's on TV this week

www.chemistanddruggist.co.uk/prodnews



Ratiopharm launches nail fungus treatment

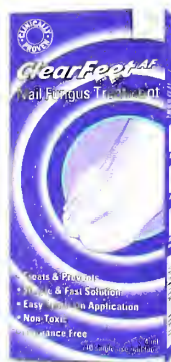
Ratiopharm UK has launched an OTC treatment for fungal nail infection. ClearFeet AF Nail Fungus Treatment is a "unique bio-active fungal blocker" in a brush-on applicator, according to the company.

It will be supported by "an extensive PR campaign" focusing on women's magazines, Ratiopharm says, and a website will educate consumers about the condition. The treatment is available in

three-pack shelf-ready units, and shelf edges and consumer leaflets will be available for display in pharmacy stockists from next month.

ClearFeet was developed by Serix Consumer Health.

Price: £14.95/4ml
Pip code: 354-4632
Ratiopharm UK
Tel: 02392 386199
www.clearfeet.co.uk



Market focus

- Fungal nail infection (FNI) is the most prevalent foot problem.
- Up to three million people in the UK have FNI.
- FNI is most common in people aged 18-65.
- More men than women suffer from FNI.

Source: Mycoses, British Journal of Dermatology

Ratiopharm head of OTC Rob Hall explains ClearFeet's retail opportunities

How big is the fungal nail infection (FNI) market?

Fungal toenail infection is a common problem; some three million people are affected in the UK and this figure is probably much higher as most sufferers fail to treat. Pharmacies need to encourage more people to treat and there is huge category potential here. The UK OTC fungal nail infection market is currently worth £5.65 million a year (IRI); however, the athlete's foot market

is worth £20.3m (IRI), even though FNI is more common than athlete's foot. And only 600,000 prescriptions for FNI treatment are dispensed per annum (INS), so the potential for effective OTC products is massive.

Is the fungal nail infection market growing?

The ageing population is seeing an increase in FNI and its links to diabetes and poor circulation.

ClearFeet AF Nail Fungus Treatment is suitable for diabetes sufferers.

Why should pharmacies stock ClearFeet?

ClearFeet AF Nail Fungus Treatment will give pharmacists 30 per cent profit on return.

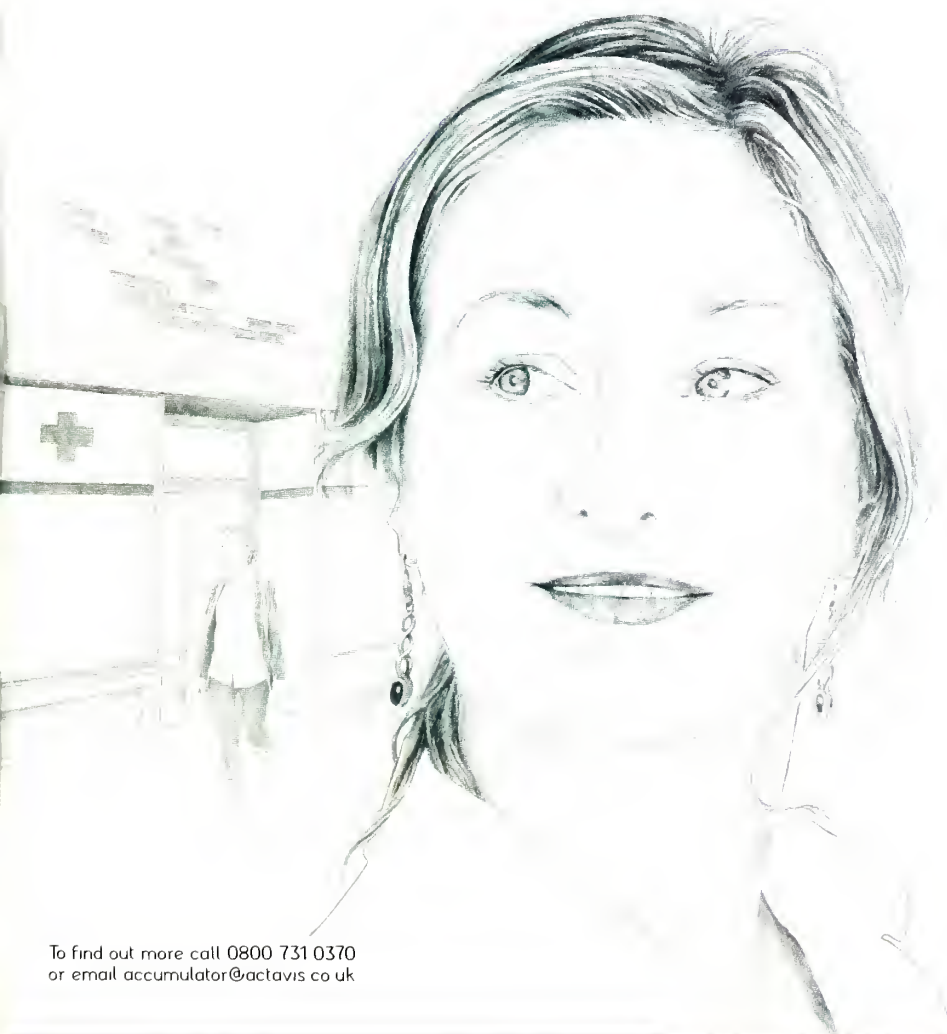
What opportunities are there for link sales?

Up to 30 per cent of people suffering

from athlete's foot are estimated to have FNI.

How do you plan to develop the footcare market?

We are keen to develop the footcare category, creating innovative product solutions that offer sufferers real, proven treatment benefits and pharmacists great business opportunities. The launch of a ClearFeet athlete's foot treatment is planned for next year.



Accumulate time

You're busy, with better things to do than spend all day shopping around for deals and organising training. You've got a business to run, so why not leave the legwork to us? That's how to buy generics.



How to buy generics

www.actavisacademy.co.uk

A time of change? Here's my wish list



ANYONE DRUMMING THEIR FINGERS ON THE COUNTER OR LEANING HALFWAY INTO THE DISPENSARY CAN BE SLAPPED

It was a quiet day in the pharmacy so I opened my paper, only to read the front page headline: "Deputy PM Nick Clegg says: Tell us the laws you want scrapped!" It was all I could do not to phone Parliament and shout, "Oh, oh, please – can I go first!", because number one has got to be decriminalising dispensing errors, followed closely by the responsible pharmacist legislation.

Then really, the Medicines Act as a whole could do with reform. Run out of your tablets? Sign this simple form so that I can give you a week's supply and charge it to the NHS. Methadone script doesn't account for weekends or bank holidays? Allow me as a registered healthcare professional to alter it as necessary, and for this to be countersigned by a pharmacy technician, so that we can supply what is needed – on CDs or any script for that matter.

Why did no one think of this before? Think of all those administrative procedures and forms that could be resolved at a stroke, such as the ludicrously cramped discharge letters sent from our local hospital. These were designed by committee, so every department's information is crammed onto one side of A4. This means that a third is a big blank space for the briefly scrawled diagnosis – usually something really astute and specialised such as "Off legs" – while the truly important bit about the discharge drugs is squeezed into the bottom three inches.

And why stop there? If this really is going to be

an open government, for the people, then I know all pharmacists would love to be 'king for a day', because there's so much wrong with the NHS world. If I were in charge, no surgery would have an automated telephone answer system, a sort of electronic doctor's receptionist that is even more effective at preventing contact with patients, and at delaying busy healthcare colleagues with urgent queries. Manufacturers' quotas would be banned, any patient with more than three items would automatically have to call back the next day, and anyone drumming their fingers on the counter or leaning halfway into the dispensary can be slapped.

So that is sort of why I am almost excited about the old RPSGB being scrapped. The GPhC consulting on new standards, a new professional body, devolved powers, a new 'branch network' of local practice forums, an ever-strengthening band of clinical pharmacists at PCT determining contracts through pharmaceutical need instead of commercial need, and prescribing pharmacists within GP surgeries. For those of us who remember PIANA – this is that new age!

Maybe it's coalition euphoria, and just as the new government won't end wars and poverty, I do realise there are more challenges for pharmacy to tackle. But I have to say that I have feared for my profession a lot more in the past than I do now, and "Tell us what to change" isn't a bad slogan for the new PLB either.

In search of the entrepreneurial spirit

I have spent a remarkable few weeks filming The Victorian Pharmacy for BBC2. It has been great fun and I hope the series and accompanying book will help community pharmacy get the recognition it deserves.

The four one-hour programmes (to be aired on BBC2, hopefully this autumn) follow the development of pharmacy from the early Victorian period, in the 1840s (when I make up Oil of Earthworm, for example), through to the late 1800s (when I make gunpowder and fireworks). The other two presenters are Ruth Goodman and Tom Quick, historians from whom I learned a great deal.

What came over to me most strongly was the entrepreneurial spirit of the Victorian pharmacists. Many of them had to fight to make a living (the pages of the C+D used to list those who had gone bankrupt) so they were certainly inventive.

A modern pharmacy is an illustrated history of our forebears' willingness to tackle anything to

provide the public with what it wants. People sometimes ask why pharmacies stock anything other than medicines, and the answer is because we were the experts in the high street in chemicals, plant extracts and health.

Why perfumes? Because we had expertise in essential oils and used to blend our own perfumes. Why shaving equipment? Because we not only made shaving preparations but also shaved customers. Why reading glasses and dental care? We used to make tooth powders, extract teeth, test eyes and fit glasses. Indeed, the Pharmaceutical Society was formed decades before the equivalent dentistry and optics bodies. The list goes on: photography, sexual health, dermatologicals, etc. Whatever the public wanted, we bought, made or created a service for it.

We need that Victorian entrepreneurial spirit now. Community pharmacy faces the worst financial depression for over

half a century. It is tethered to dispensing, for which it will inevitably get less money; the commissioning of clinical services by the PCTs is, to put it mildly, variable in its quality, insight and effectiveness. We need to reconnect to our customer base, to talk to them and offer the services – NHS funded or private – they want.

And we need not be afraid of charging for them. For example, those of us in middle age who live far from our parents would be willing to pay a lot of money for the peace of mind that could come from a pharmacist engaging with our parents and helping manage their medicines (including, occasionally, helping challenge their GP).

We will see some innovative practices celebrated in next month's C+D Awards. We need more. Engage. Innovate. Now.

Professor Nick Barber, Centre for Medication Safety and Service Quality, The School of Pharmacy, University of London



WHATEVER THE PUBLIC WANTED, THE VICTORIAN PHARMACIST BOUGHT, MADE OR CREATED A SERVICE FOR IT



Weight loss benefits beyond what the eye can see

alli is the only non-prescription weight loss medicine licensed throughout Europe. A new three-month study* has shown that **alli**, when used with a reduced calorie, lower-fat diet, not only significantly reduces total bodyweight but also the harmful excess visceral fat¹ that can contribute to diabetes and heart disease.²

Help customers understand the meaning of healthy weight loss. Talk to them about visceral fat and positive change with **alli**.

alli

60 mg hard capsules

orlistat

Positive change from
the inside out

alli is for overweight adults with BMI ≥ 28 kg/m²

* Open-label 3-month study in 24 individuals with BMI ≥ 28 kg/m² and increased waist circumference. Visceral fat measured at baseline and endpoint

Product Information. **alli** 60 mg hard capsules (orlistat)

Indication Weight loss in adults BMI ≥ 28 . **Dosage:** Adults (18 or over) One capsule within an hour of each of three main meals. Max. 3 caps/day for up to 6 months. Use with lower fat mildly hypocaloric diet. If no weight loss within 12 weeks refer to HCP. Diet and exercise should start prior to treatment. **Contraindications** Hypersensitivity to ingredients, concurrent treatment with oral anticoagulants or ciclosporin, chronic

absorption syndrome, cholestasis, pregnancy, breast feeding. **Special warnings and precautions** See GP if kidney disease, on amiodarone, levothyroxine or medication for diabetes or epilepsy. See HCP if on medication for hypertension or hypercholesterolemia and/or if symptoms increase with fat consumption. Take multivitamin at bedtime. See GP if persistent diarrhoea. Contraceptive efficacy may be reduced if severe diarrhoea, use additional

contraception. **Drug interactions** Ciclosporin, oral anticoagulants, levothyroxine, antiepileptics, fat soluble vitamins, acarbose, amiodarone. **Pregnancy and lactation** Do not use during pregnancy or lactation. **Side effects** See SPC for full details. Predominantly gastrointestinal eg oily stool, urgency, usually mild and transient, risk reduced by low fat consumption. Pinkish/orange urine, nephropathy, hepatitis, cholelithiasis, abnormal liver enzymes, anxiety, hyper-sensitivity reactions including anaphylaxis, bronchospasm, angioedema, pruritus, rash, and urticaria, bullous eruption. **Legal category** F. **Marketing Authorisation Holder** Glaxo Group Limited (Greenford, Middlesex UB6 0UH). **MA Number** EU/007401/07 & 009. **Pack size and RSP (excl. VAT)** 40's, 28's, 14's, 7's. **Last revised** November 2009. **References** 1. UK data on the efficacy of orlistat in the treatment of obesity. 2. WHO Health Organization. The challenge of obesity in the WHO European region and the strategies for response. 2007. Available at: www.who.int/dietphysicalactivity/obesity.pdf. Accessed 14/10/09.



MyPharmAssist.co.uk

alli is a registered trademark of the GlaxoSmithKline group of companies.

Do your CPD with



Sign up today for Update 2010 — your weekly CPD revision guide

45+ modules per year

Online assessment with immediate results

CPD log sheet with every module

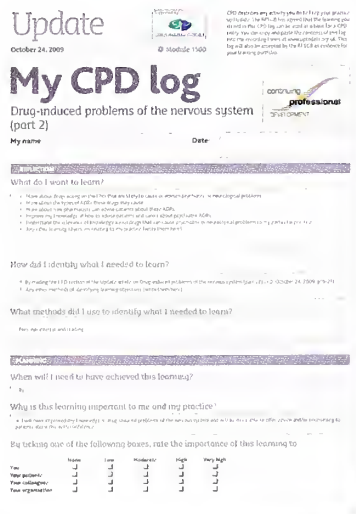
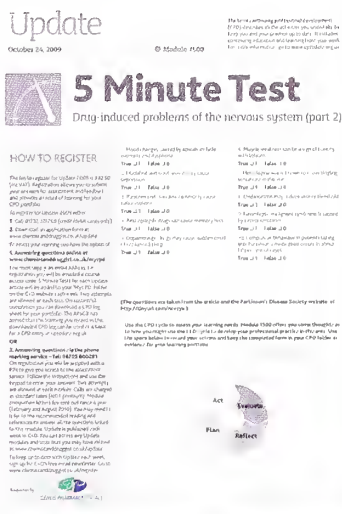
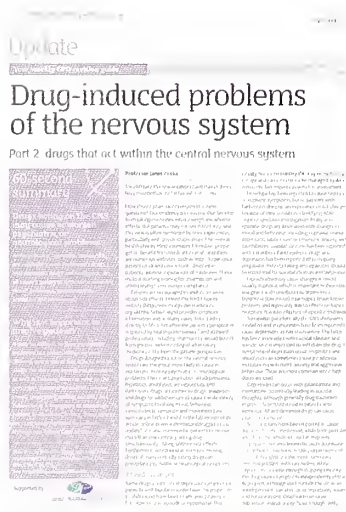
Suitable for pharmacists and technicians

Flexible and cost-effective

Delivered through C+D and online

Call 0207 921 8425

or pay online at www.chemistanddruggist.co.uk/update



Supported by



GENUS PHARMACEUTICALS

To get Update articles sent free to your inbox each week, sign up to
C+D's clinical newsletter at www.chemistanddruggist.co.uk/register

Update

Your weekly CPD revision guide

MUR case studies

A woman with diabetes has tingling hands and feet, while a heart failure patient reports an upset stomach. What do you advise?

Kick start your new MUR – see the CPD MUR Zone

www.chemist-druggist.co.uk/mur-zone

60-second summary

This article discusses problems associated with drugs used in type 2 diabetes, high cholesterol, hypertension, anaemia and heart failure. It could be helpful in your CPD, particularly if you do MURs.

Case study 1:

A woman with diabetes, hypertension and high cholesterol complains of weight gain, constipation, leg pain and tingling in her hands and feet. What's the cause – poor diabetes control or the side effects from other drugs?

Case study 2:

A vegetarian with anaemia and heart failure has nausea, diarrhoea and lost appetite. Is this digoxin toxicity or an infection? Is hypokalaemia from omeprazole enhancing the digoxin toxicity? Is her heart failure worsened by lisinopril?

This article (Module 1328) can help in the following CPD competencies: G1a, G1c, G1d, G1e, G1s, C1a, C1b, C1c, C1d, C3e. See <http://tinyurl.com/68ox7b>

Chinjal J Patel MRPharmS PG Dip

Two case examples highlight issues to consider when carrying out medicines use reviews.

Diabetic neuropathy, hypertension and hypercholesterolaemia

People with type 2 diabetes are at a high cardiovascular risk, which can be reduced by an appropriate reduction in blood pressure and cholesterol, together with dietary changes. Some antihypertensive drugs can interfere with blood glucose and lipid levels, while the side effects of hypoglycaemics may result in patient non-compliance, leading to diabetic neuropathies caused by hyperglycaemia.

Diabetic neuropathies are nerve disorders caused by both type 1 and type 2 diabetes. They occur because of decreased blood flow and hyperglycaemia, and are more likely if blood glucose levels are poorly controlled. The types of neuropathy can be grouped as peripheral (most common), autonomic, proximal or focal.¹ Peripheral neuropathy causes pain or loss of feeling in the hands, arms, feet and legs.

Autonomic neuropathy commonly affects the gastrointestinal and genito-urinary systems. It can also affect the heart, lungs and eyes as well as cause changes in perspiration. More importantly, it can mask the warning signs of low blood sugar leading to hypoglycaemia.

Proximal neuropathy is associated with the motor neurone system, causing pain and weakness in the thighs, hips and legs. Focal neuropathy (also called mononeuropathy) damages specific nerves. It can cause more severe pain and often has a sudden onset but usually only short duration. Common treatments for diabetic neuropathies include antidepressants and anticonvulsants.²

The patient

Mrs Collins is a 51-year-old hypertensive with type 2 diabetes and high cholesterol. She asks about your free medicines use review service as she is worried she will end up on insulin. She comes in later with a bag of medicines, most of which match up with the medicines on her PMR. However, there are other medicines she has bought OTC and some she has obtained from her family.

Current medication from PMR

Metformin 500mg 1tds
(titrated up over last two years)

- Gliclazide 80mg 2bd
(titrated up over past six months)
- Ramipril 5mg caps 1od
(increased from 2.5mg 1od two months ago)
- Bendroflumethiazide 2.5mg 1om
(started six months ago)
- Simvastatin 40mg 1od (started six months ago)
- Aspirin 75mg disp tabs 1od
(started six months ago)
- Amitriptyline 10mg tabs 1on
(started six months ago)
- Duloxetine 60mg tabs 1od
(started two months ago)
- Lactulose solution 15ml bd
(started six months ago)

OTC medicines

- Paracetamol
- Evening primrose oil
- Indigestion tablets containing calcium carbonate
- Calcium and vitamin D

Obtained from family

- Cold and flu caplets.

When Mrs Collins was started on metformin, she reverted back to her old eating habits, thinking the tablets would do the trick now. Her blood glucose levels became progressively higher so the GP introduced gliclazide. However, she has noticed weight gain and tingling pain in her hands and feet, with aching legs.

Believing the weight gain and neuropathic symptoms to be caused by gliclazide, she recently decided to take only one tablet daily. Her GP prescribed some anti-depressants for the pain but she doesn't like taking them.

Initial points to consider

- Non-compliance with gliclazide can put her at high risk of diabetic complications – are her symptoms due to diabetic neuropathy?
- The cold and flu product contains a decongestant and is not suitable in high blood pressure or diabetes.
- Are the aching legs a sign of diabetic neuropathy? Or is it myalgia from simvastatin or ramipril?

Looking at the medication

Type 2 diabetes (metformin, gliclazide)

- Did the gliclazide cause the weight gain?
- Why hasn't the metformin dose been titrated up?

Diabetic neuropathy (amitriptyline, duloxetine)

- How compliant is the patient?
- Duloxetine has been prescribed for two months,

Supported by



GENUS PHARMACEUTICALS

and it seems Mrs Collins still has the neuropathic symptoms. The BNF 59³ says discontinue duloxetine in diabetic neuropathy if there is no response after two months.

Hypertension (ramipril, bendroflumethiazide)

• Bendroflumethiazide can aggravate diabetes by causing hyperglycaemia and may alter plasma lipid concentrations.⁴

• Did the ramipril cause aching legs?

Hypercholesterolaemia (simvastatin)

• Did the simvastatin cause aching legs?

Antiplatelet (aspirin)

• Is the aspirin causing gastric problems? Could this explain the use of indigestion tablets?

Constipation (lactulose)

• Lactulose can sometimes affect diabetes control.

• What caused the constipation – amitriptyline, calcium or indigestion tablets?

OTC medicines as above

• The calcium and indigestion tablets can cause constipation.

Case study 1: the MUR

Because of side effects with gliclazide, Mrs Collins hasn't complied with the dose. You reassure her that gliclazide can sometimes cause weight gain but, if she is not fully compliant, the resulting hyperglycaemia can lead to further diabetic complications and aggravate her neuropathy. Amitriptyline makes her tired the next day. She has not been fully compliant with the duloxetine. However, she complies with all the other prescribed medication but does not need the lactulose. You say she should discuss further treatment options with her GP. You say that the cold and flu caplets are not suitable and she should check with a pharmacist or GP before taking non-prescribed medication.

Would you suggest any medication changes?

• Gliclazide: GP to review. Metformin: GP to review dose. Lactulose: not required anymore.

Discussion with GP

You contact Mrs Collins' GP about the hyperglycaemia, most likely resulting from non-compliance with gliclazide. She also has signs of neuropathic pain, which could be due to hyperglycaemia and non-compliance with the antidepressant. The GP agrees and asks you to refer her to him. You post him a copy of the MUR.

Counselling points for the patient

- Advise regular blood glucose, BP and cholesterol checks.
- Take metformin with or after food.
- Avoid grapefruit juice, as it interacts with simvastatin.
- Advise on healthy diet – low in fat and salt.
- Provide patient information leaflets on diabetes, high blood pressure and cholesterol.

Case study 2: heart failure

Hypertension, iron-deficiency anaemia and heart failure

Hypertension is a major risk factor for developing heart failure, which is commonly characterised by fluid retention, breathlessness and fatigue. Non-cardiac conditions, such as severe iron-deficiency anaemia, can also predispose to heart failure.⁵ The main types are left ventricular systolic dysfunction (where the left ventricle doesn't pump as efficiently as it should during each heartbeat), diastolic dysfunction (where the left ventricle doesn't efficiently fill up with blood between each heartbeat when the heart is resting) or a combination of the two.

The patient

Mr Taylor is a 61-year-old regular customer. He is a vegetarian and doesn't have an iron-rich diet so takes prescribed ferrous sulphate.

Six months ago Mr Taylor, who is also on anti-hypertensive medication, had a fall and while in hospital was given ibuprofen for back pain, which he continued to take after discharge without his GP's knowledge. Further tests in hospital diagnosed heart failure.

Today Mr Taylor asks for the best remedy for a cold he has had for about a week; he has also lost his appetite. He has just returned from a holiday abroad suffering from nausea and diarrhoea, which he believes is due to a stomach virus. You notice from his PMR that he is on multiple medicines including digoxin and say he is an ideal candidate for an MUR, to which he agrees.

Current medication from PMR

- Losartan 50mg tabs 1od
- Furosemide 40mg tabs 1od
- Digoxin 125mcg tabs 1od
- Bisoprolol 5 mg tabs 1od
- Simvastatin 40mg tabs 1od
- Ferrous sulphate tabs 200mg 1tds

Other medication

- Ibuprofen 200mg tabs 1- 2tds prn (prescribed from a previous hospital admission, and then bought from GSL section).
- Cod liver oil for joints.

Initial points to consider

- Is the nausea, diarrhoea and loss of appetite due

to digoxin? Did a virus cause the loss of appetite? Could the symptoms be due to a poor diet abroad?

- The diarrhoea can cause hypokalaemia, which can further lead to digoxin toxicity.
- Is the GP aware the patient is taking ibuprofen? NSAIDs can impair renal function, raise blood pressure and cause salt and water retention, making heart failure worse.

Looking at Mr Taylor's medication

Iron-deficiency anaemia (ferrous sulphate)

- Is he fully compliant with the ferrous sulphate? (Inadequate iron levels can aggravate heart failure).

Heart failure and hypertension (losartan, digoxin, bisoprolol, furosemide)

- Is the patient fully compliant?
- Losartan can cause diarrhoea, taste disturbance, fatigue and anaemia.

Case study 2: the MUR

Ferrous sulphate gave Mr Taylor diarrhoea on holiday, so he substituted it with iron-rich foods. You explain that iron is essential for the heart and that dietary intake alone would not replenish his deficiency. You ask him if his GP knows he is taking ibuprofen, as it can affect digoxin levels. He hadn't told him. The combination could raise his digoxin level, which may be linked to his nausea and diarrhoea, possibly exacerbated by his iron-deficient state. In addition, ibuprofen can cause internal bleeding, worsening anaemia. You mention you will make your recommendations on the MUR form to his GP and suggest steam inhalations for his cold, with advice to see his GP if there is no improvement.

Would you suggest any medication changes?

Digoxin: GP to review – could be signs of

digoxin toxicity. Ibuprofen: GP to review.

Discussion with GP

You contact the GP about the ibuprofen interacting with the digoxin, which may be linked to the nausea and diarrhoea. The GP has no record of this. He asks you to refer him for a review. You send a copy of the MUR.

Counselling

- Advise an annual flu vaccination.
- Advise vaccination against pneumococcal disease (only required once).
- Reduce salt, avoid excess fluid intake, avoid alcohol and advise on regular exercise.
- Check patient can recognise signs of cardiac failure worsening: breathlessness, ankle swelling, fatigue and sudden weight gain.
- Monitor renal function, urea, creatinine and electrolytes.



NEXT WEEK

The first of two articles on blood tests looks at interpreting the results

MUR case studies

What is autonomic neuropathy? Why might patients taking gliclazide be non-compliant? What are the side effects of losartan? Why should ibuprofen be avoided in heart failure?

Using two case studies as examples, this article discusses problems that may occur with drugs used in type 2 diabetes, high cholesterol, hypertension, anaemia and heart failure.

Read the MUR tips for type 2 diabetes and heart failure on the C+D website at <http://tinyurl.com/39dttu> and <http://tinyurl.com/ydaqvsk>.

Find out more about diabetic neuropathy from the Patient UK website at <http://tinyurl.com/3xetcas>.

Revise your knowledge of the drugs used in treating type 2 diabetes and diabetic neuropathy by reading sections 6.1.2 and 6.1.5 in the BNF.

Revise your knowledge of heart failure treatment by reading the Update on chronic heart failure, C+D April 17, 2010, p17-18, or online at <http://tinyurl.com/2vgfuzg>.

Update your knowledge of iron-deficiency anaemia from the Patient UK website at <http://tinyurl.com/37wmrlg>.

Are you now familiar with the drugs used to treat type 2 diabetes, high cholesterol, hypertension, anaemia and heart failure, and the problems they may cause? Could you confidently carry out an MUR involving these conditions?

5 minute test

What have you learned?

Test your skills in the 5 minute test.

Step 1

Read the 5 minute test questions on the C+D website at

Step 2

Read the 5 minute test questions on the C+D website at

Read the 5 minute test questions on the C+D website at

Step 3

Read the 5 minute test questions on the C+D website at

Registering for Update 2010 costs £37.60 (inc VAT) and can be done easily at www.chemistanddruggist.co.uk/update or by calling 0207 921 8425.

Signing up also ensures that C+D's weekly Update article is delivered directly to your inbox free every week with C+D's email newsletter.

Get a CPD log sheet for your portfolio when you successfully complete the 5 Minute Test online.

Practical Approach

Which antihypertensive?



David Spencer, pharmacist at the Update Pharmacy, carries out a quarterly analysis of a local GP practice's prescribing data as part of a prescribing advice service.

David raises the issue of angiotensin-renin system drugs (ARSDs) with senior partner Dr Mo Merali.

David says: "I've noticed that the cost of ARBs (angiotensin II receptor

antagonists or blockers) in this practice is quite high and it's rising steadily. It's rather above the Nice recommendations."

David explains the relative rate of prescribing of ACE (angiotensin converting enzyme) inhibitors and ARBs in the practice and the relative costs of the drugs.

Mo replies: "Wow, I didn't realise they were making such a hole in our budget."

"Do you know why ARBs are being prescribed?" David asks.

"I would imagine they are mainly being substituted for ACE inhibitors for patients troubled with cough side effects. Also, I sometimes prescribe an ARB as an add-on if a patient's BP is not being adequately controlled on an ACE inhibitor alone."

"As far as both those reasons are concerned, I think the evidence shows that prescribing ARBs is generally not necessary or justified," David replies and goes on to demonstrate his points.

"Well, we don't have a specific prescribing policy for this important group of drugs at the moment," says Mo. "Perhaps it's time you drew one up for us."

Questions

1. What are the relative rates of prescribing and costs of ARSDs?
2. What are the Nice recommendations on relative prescribing?
3. How necessary or justified is the substitution of ARBs for cough caused by ACE inhibitors?
4. How justified is prescribing of ARBs alone or in combination with ACE inhibitors for hypertension and other conditions?

Answers

1. In primary care in England, about 70 per cent of ARSD prescribing is for ACE inhibitors, with 30 per cent for ARBs. But ARBs account for 70 per cent of the total spend on ARSDs.
2. 80 per cent ACE inhibitors/20 per cent ARBs. This would represent a saving of around 23 per cent on the £300 million annual cost of ARSDs in England alone. Only about 12 per cent of GP practices achieve this.
3. The major benefit of ARBs over ACE inhibitors is their lower rate of cough. However, cough may not be as common with ACE inhibitors as is perceived: the percentage of people

reporting cough in randomised controlled trials is about 10 per cent, and as low as 2 per cent in observational, real world studies. Discontinuation rates due to cough are lower: only 4.2 per cent of patients taking an ACE inhibitor stopped treatment because of cough compared with 1.1 per cent taking an ARB.¹ Cough sometimes results from other, overlooked, causes, eg pulmonary oedema.

4. For hypertension and all other indications, ACE inhibitors are the first-line choice.² An ARB alone is only indicated if an ACE inhibitor is discontinued because of intolerable cough. There is generally no benefit in prescribing an ACE inhibitor plus an ARB, and outcomes are often worse than with an ACE inhibitor alone.³

For more information visit our website at www.chemistanddruggist.co.uk

To get Practical Approach emailed to you every week, sign up to C+D's free CPD bulletin at www.chemistanddruggist.co.uk/register

ETHICAL DILEMMA

This series aims to help you make the right decisions when confronted by an ethical dilemma. Every month we present a scenario likely to arise in a community pharmacy and ask a practising pharmacist and/or a member of the Pharmacy Law and Ethics Association (PLEA) to comment on the legal and ethical implications of the actions open to you. Readers are invited to have their say at haveyoursay@chemistanddruggist.co.uk

A prescription from Europe



The dilemma

You have recently taken over a pharmacy in a town that is a popular tourist area. For the first time, a visitor from Germany has presented you with a prescription written in German. You vaguely remember reading that such prescriptions are now legal to dispense in Britain. You studied German at school and you can see that the prescription is for a salbutamol inhaler. Indeed the customer is able to show you an empty inhaler. You wonder whether you should dispense it.

The arrangements to dispense overseas prescriptions apply only to European Economic Area (EEA) and Swiss-registered doctors and dentists and do not extend to any Controlled Drugs, including Schedule 5 CDs, nor medicines that do not have a marketing authorisation in the UK. A pharmacist is not compelled to dispense EEA and Swiss prescriptions and if he or she does dispense it the prescription will need to be treated as a private one and incur normal private dispensing charges. There is no requirement for additional information to be on these prescriptions beyond what is required for a UK prescription under the Medicines Act 1968. However if a specific brand name is specified then that must be supplied.

Before deciding whether to dispense the item, you will need to consider whether the person who has signed the prescription is indeed a registered doctor or dentist in an EEA country or in Switzerland. You will have to make adequate checks – the web links for the regulators of these practitioners are available from the RPSGB – and to consider whether there may be language barriers if you need to query the prescription with the prescriber.

If you feel you do not have sufficient understanding of the language in which the

prescription is written, it may not be possible to dispense the prescription safely or to counsel the patient effectively. In this case all reasonable steps should be taken to try to assist the patient to get the medicine.

Professionally you will need to be competent and recognise your duty of care to the patient as well as exercise your judgement in the patient's interests – code of ethics principles 1 and 2. In this case the patient is asthmatic and, while not actually suffering symptoms at the moment, he should have a salbutamol inhaler to provide immediate relief if he experiences an exacerbation of his condition. Principle 5.3 requires you to "recognise the limits to your professional competence and practise only in those areas you are competent to do so". Principle 7 requires you to take personal accountability for your own decisions, behaviour and work.

Emergency supplies are allowed at the request of the patient (or the prescriber) for medicines previously prescribed by an EEA or Swiss doctor (or dentist) so if you are convinced the patient needs an inhaler and feel this judgement is within your competence, you could take up this option. **Ruth Rodgers, MRPharmS, PhD, senior/clinical lecturer in pharmacy practice, Medway School of Pharmacy, Universities of Kent and Greenwich**

We and our clients have encountered practical difficulties in verifying whether a prescription has been written by an EEA doctor. These difficulties hinder the ability of pharmacists to dispense EEA prescriptions to meet patient needs.

The RPSGB's Guidance Note, "A Practical Guide to Dispensing EEA and Swiss Prescriptions", contains web links to assist in checking registration details. However, many of these are simply links to the GMC website, which provides contact details (often postal) of the EEA registration body. When faced with an EEA

prescription, it is impractical for a pharmacist to write or email the appropriate regulatory body to seek confirmation of the practitioner's registration status (and, indeed, when we have tried on behalf of clients, the regulator has not responded).

In the above scenario, if the pharmacist were to use the Society's link he would be directed to (it would appear) the German equivalent of the BMA, not the GMC.

Until there is a method by which pharmacists can check the registration details of all EEA doctors online there will be practical difficulties in allowing access to UK pharmacies for patients who have EEA prescriptions.

Noel Wardle is a solicitor with Charles Russell LLP, specialists in pharmacy law

More dilemmas are online at www.chemistanddruggist.co.uk/ethicaldilemma

PLEA



PLEA is an association of pharmacists interested in law and ethics, and lawyers or ethicists specialising in pharmacy, with the aim of promoting understanding of the ethical basis for professional judgement

www.wingfieldworks.co.uk/plea/index.html

CPD Reflect • Plan • Act • Evaluate

1. Read the article 'A prescription from Europe' and reflect on the ethical dilemma presented.

2. Discuss the dilemma with a colleague or mentor.

3. Write a short reflection on the dilemma and the actions you would take if you were the pharmacist.

4. Evaluate your reflection and the actions you would take.

Need more Ethical Dilemmas? Ask your requests early supply

We need more Ethical Dilemmas. If you have an interesting scenario that you can share with your fellow pharmacists, get in touch via haveyoursay@chemistanddruggist.co.uk

Health and wellbeing at work is important for both employees and pharmacy businesses – without healthy happy staff, customer service is likely to suffer. Over the coming months C+D will be giving you guides and tips on improving your wellbeing, covering everything from boosting morale in the dispensary to your legal rights. If there is a health and wellbeing issue you would like us to cover, email jennifer.richardson@ubm.com.

YOUR HEALTH AND WELLBEING AT WORK PART TWO

Accidents will happen

Would you know what to do if the worst happened? **Zoe Smeaton** explains how to prevent accidents in the pharmacy – and how to cope if they do occur

Anything can happen in a pharmacy," says David Reissner, head of healthcare at law firm Charles Russell. Although accidents might seem unlikely – things can and do sometimes go wrong in dispensaries, he reveals. From trips and falls to needlestick injuries, there are many ways in which pharmacists can come to harm.

And although the government's Health and Safety Executive (HSE) says health and safety is primarily the responsibility of employers, it stresses that workers have a legal responsibility too. And, perhaps more importantly, it says workers who contribute to health and safety at work are safer and healthier than those who do not.

Janice Perkins, superintendent at the Co-operative Pharmacy, agrees: "It is the responsibility of all colleagues to work in a way that protects both customers and co-workers so that a positive attitude towards health and safety is adopted throughout the business."

So how can you help make your pharmacy a safer place to work in?

Preventative measures

Your employer has a duty to protect you and to provide health and safety training, so the first thing you should do is to make sure you pay proper attention to this and are aware of the risks. Try to apply any training to your own dispensary, considering how specific working processes could be adapted to make them safer. You could also check there are adequate first aid equipment and facilities and precautions against fire.

Think about the type of accidents that could happen in your pharmacy. The NPA says falls are common, with boxes left in walkways and wet floors commonly cited as factors.

Ms Perkins adds: "Some of the most common accidents at work involve slips and trips, but these can be avoided if people are observant, work in a tidy and organised way, wear suitable footwear and remove any obstacles that may cause a fall."

With the expanding clinical role of pharmacists, there may also be some additional risks creeping

What to do if you have an accident at work



1. Report it to someone in authority at your organisation
2. Record any injury in the accident book as soon as possible
3. If you need to, make sure your employer has reported the accident to the HSE
4. Check your contract or written statement of employment for information about sick or accident pay
5. If there's a dispute, try to sort it out with your employer
6. If you still have problems contact the HSE Infoline 0845 345 0055

in. As Bruce Dixon, head of health, safety and environment at Lloydspharmacy, explains: "As it is a healthcare environment, there is always a risk in pharmacy, albeit very low, of a more serious accident occurring, such as needlestick injury. Despite the low incident rate, Lloydspharmacy is continually raising awareness of this risk and preventing needlestick injury is the current health and safety focus for the company."

However, if you carry out your own risk assessment you'll be able to identify the risks and you can then work on ways to minimise them. You might need to talk to your employer's health and safety advisor or team about this so they can help improve practice, and if they aren't being helpful you can always contact the HSE without fear of getting into trouble if you still have concerns.

With all the prevention in the world, though, sometimes things will still go wrong. So what should you do if an accident does happen?

When accidents happen

The first thing to do after an accident occurs and any injuries have been dealt with is to report it to someone in authority at your company. This could be your immediate line manager, the pharmacy manager, or possibly the proprietor if it's a small business.

Then an entry should be made in the accident book as soon as possible, Mr Reissner says. As well as giving you a record of the incident should you need it at a later date, this also helps to maintain health and safety standards. As charity Pharmacist Support says: "It means that you're allowing the employer to maintain their duty of care to employees. By being informed of any issues you are enabling them to take any measures necessary to avoid a recurrence in the future, making the environment safer for everyone."

Many companies will have formal accident reporting and recording processes for you

NEW

Vaseline Intensive Rescue Moisture Locking Cream

Vaseline Intensive Rescue has introduced its new Moisture Locking Cream to complement the existing products in its range specially formulated for dry and very dry skin.

Vaseline has 140 years of skincare expertise, and the Vaseline Intensive Rescue range has been designed by the brand's scientists, who are experts in the causes and management of dry skin.

Several factors can contribute to dry skin. Everyday use of soaps and detergents and dry environments such as winter weather, central heating and air conditioning remove essential lipids from the skin, reducing the effectiveness of the skin's barrier.

To bring dry skin back to health and keep it healthy, it is important that skin is moisturised regularly. As well as water, there are three key ingredients that can work together to help keep dry skin healthy.

Humectants e.g. glycerin

- Maintains and instantly increases water content in the skin
- Replaces lost natural moisturising factors and helps skin cells to retain moisture
- Helps keep skin cells soft, pliable and elastic
- Improves the visual appearance of the skin

Occlusives e.g. petrolatum

- Replaces lost lipids in the skin
- Provides a barrier to water loss through the skin
- Helps protect the skin from the environment

Emollients e.g. dimethicone

- Spreads easily on the skin
- Provides partial occlusion that hydrates the skin's appearance and feel
- Contributes to the flexibility, softness and smoothness of skin

Not all moisturisers are as effective as each other. The right combination of ingredients is required to help skin repair itself and Vaseline Intensive Rescue Cream is formulated to provide twice the moisture of E45 Cream.¹ All Vaseline Intensive Rescue products contain the right balance of effective, active moisturising ingredients to provide instant relief and long-lasting moisturisation for dry and very dry skin. All products are hypoallergenic and lanolin free.



In order to moisturise the skin effectively, different parts of the body require different products. The six products in the Vaseline Intensive Rescue range provide a total management programme for sufferers of dry and very dry skin.

Moisture Locking Cream has a new rich and creamy formula that is fast absorbing, offering instant relief against dryness all over the body as well as on dry patches. 250ml: RRP £3.99



Moisture Locking Body Lotion increases moisture reserves instantly to lock in moisture all day, promoting the ideal environment for dry skin to repair itself. 200ml: RRP £2.99, 400ml: RRP £4.99

Lightly Fragranced Moisture Locking Body Lotion has all the benefits of the lotion and a light, clean fragrance, which makes it so pleasing to use that people with dry skin will enjoy applying it every day. 200ml: RRP £2.99, 400ml: RRP £4.99



Relief and Repair Balm is perfect for frequent application to dry skin trouble spots. It works within seconds to relieve severe dryness. 100ml: RRP £4.99

Soothing Hand Cream has a cationic formulation that provides instant hydration without the stickiness of most hand creams. 50ml: RRP £3.39



Hydrating Foot Cream is a fast absorbing cream formulated with AHAs to help promote exfoliation and soften dry, cracked heels. 50ml: £3.39 RRP

Reference: 1 After two weeks, twice daily application.

For more information and to receive free samples of Vaseline Intensive Rescue go to www.vaseline.co.uk



intensive rescue



Carrying out a risk assessment in the pharmacy makes it possible to devise ways to minimise them

Where to go for help

• PHARMACIST SUPPORT

www.pharmacistssupport.org
Helpline 0808 168 2233

• PHARMACISTS' DEFENCE ASSOCIATION

www.the-pda.org
enquiries@hse-od.org

• HSE

www.hse.gov.uk
Infoline 0845 3 30 005

to follow and to help them learn from incidents. The Co-operative Pharmacy, for example, has an online reporting tool that transmits details of incidents to their health and safety team, and at Lloydspharmacy accidents are reported to head office, also via a back office electronic accident reporting system.

If you have had a serious accident, your employer is required to notify the HSE and inform their insurer, so you should also check they have done those things when you can. In such cases you may need to take time off work or even claim for compensation if the accident was not your fault.

If you do need time off because of your injury, you should be getting statutory sick pay and you might even be able to claim benefits to boost your income when you are off work or when you go back to work. There may also be measures in place to help you if you have to stay off work following an accident. The NPA says its employers' liability

insurance provides for funding rehabilitation in appropriate circumstances, to help people return to good health and work as soon as possible following an accident. And as Mr Dixon says: "If we can assist an employee back to work then we will refer them to our medical rehabilitation partner. If a colleague has been involved in an accident that has caused them some distress, then we will make an offer of counselling to help them through this difficult period."

If the accident was not your fault and your employer has been negligent or in breach of a statutory duty, then you will be able to make a claim against them. This is where your employers' liability insurance, which all employers are legally required to have, will kick in. Mr Reissner advises: "If an accident is down to the fault of the employer, as sometimes happens, then the employee should write to the employer. The employer should then ensure that they promptly pass any complaints to their insurers."

Mr Reissner says in practice the insurance company will then take over the handling of any claim, dealing directly with the employee. This can make it easier for everyone involved, especially if the employee and employer are still working in the same place, he says.

You might need a solicitor to make a claim like this, or you could try seeking support from the Pharmacists' Defence Association or contact the HSE yourself. You can also contact Pharmacist Support, who can give information and provide a referral for specialist advice on employment law and benefit entitlement.

Major employers' accident policies

"As a business we undertake regular risk assessments and branch audits to ensure staff are complying with HSE recommended guidelines to minimise any potential risks to staff and any other individuals who are on the premises. We have a detailed health and safety manual for employees to follow. In addition to this we provide e-learning modules to educate pharmacists and branch staff about when and how they should report an accident if one occurs."

**Janice Perkins, superintendent,
The Co-operative Pharmacy**

"Forming part of our overall health and safety policy we have procedures for accident reporting and investigation. Our teams are instructed to report all accidents, no matter how minor, to their line manager. This is in order that it may be investigated, the cause established and any action to prevent it occurring again implemented. And despite the low incident rate, Lloydspharmacy is continually raising awareness of the risk of needlestick injury – preventing it is the company's current health and safety focus."

Bruce Dixon, head of health, safety and environment, Lloydspharmacy

"Boots UK has health and safety officers and policies in place to ensure our people are safe at work."

Spokesperson, Boots UK

CPD Reflect • Plan • Act • Evaluate

Tips for your CPD entry on safety at work

REFLECT	Can I make my pharmacy a safer place to work?
PLAN	Identify potential accident risks
ACT	Raise risks and possible preventative measures with health and safety managers
EVALUATE	Have new measures made the pharmacy safer?

Happy birthday!

Help **CDJobs** celebrate its 1st birthday by claiming your complimentary listing!

There's still time!

Call Jonathan Franklin on 020 7921 8333

to redeem your free online listing as part of CDJobs 1st birthday celebrations





Nobody understands Intimate Feminine Care better than **Vagisil**.

Vagisil® offers a range of products that can be recommended to help relieve and prevent uncomfortable external vaginal itching, irritation and discomfort:

Vagisil Medicated Feminine Wipes

- Gently cleanses the external vaginal area without causing any irritation or discomfort. Contains Calendula and Chamomile plus an anti-bacterial to help protect delicate skin. Individually wrapped, soap-free and fully flushable.

Vagisil Feminine Wash

- Intimate cleansing without irritation. Specially formulated for a woman's delicate skin.
- Unique pH balanced, 100% soap-free formula. Now with soothing Chamomile, Vitamin E and Aloe.
- Developed with a leading Gynaecologist. Unique odour-control formula gently freshens and deodorises.

Vagisil Compact Deodorant Mist

- Specially formulated to eliminate odour. Specifically designed for women on the move. Powder-free so it won't leave residue on clothing.
- With odour control protection for lasting freshness - wherever you go. Hypoallergenic so it's safe to use every day.

Vagisil Feminine Powder

- Super absorbent formula - 25 times more absorbent than talc.
- Absorbs feminine odour and moisture. 100% talc-free powder, with an exclusive moisture shield to protect delicate skin.
- Contains GyneFresh™ - a natural deodorant that instantly eliminates odours.

Vagisil Medicated Crème

- Fast acting anaesthetic cream for relief from all kinds of external feminine itching.
- Instantly cools and soothes itching, burning and irritation due to external thrush itching, perspiration, deodorants and detergents.
- Active ingredient: Lidocaine PH.Eur 2% w/w. Always read the label.
- Lightly scented, non-staining and greaseless.

**VAGISIL IS
BACK ON TV!**
Campaign starts
**Monday 31st May for
4 weeks in all areas!**
Continuing support of
£1 million heavyweight
TV advertising
throughout
the year!

www.vagisil.co.uk

A better understanding of
Better Intimate Feminine Care

Combe International Ltd.

020 8680 2711

 **Vagisil®**

Platinum
Design Awards

the sign of pharmacy excellence



an official partner of



From Sir Norman Foster's Gherkin to the iconic Wembley Stadium, great design is all around us. As the winners of this year's Platinum Design Awards demonstrate – cutting edge design can be found pharmacies too. **Hannah Flynn reports**



Meet the design

Robotic dispensaries, three-tier dispensing bench systems and touchscreen technology were all used by the winners of this year's C+D's Platinum Design Awards in association with Ceuta Healthcare.

At the awards ceremony, held last week in Marylebone Cricket Club's iconic media centre (which won a RIBA Stirling prize for its design), judges commented on the increasingly innovative techniques employed in pharmacy shopfitting design.

Gary Paragpuri, C+D editor and chair of the judges, told the winners that the quality of pharmacy design had improved greatly in recent years, with more pharmacists keen to consider aesthetic impact.

"Recent winners of the Platinum Design Awards have amply demonstrated how far pharmacy has developed. I am sure we can all remember when a few new shelves, a new carpet and fascia was considered a major upgrade; but this is a world away from the simply stunning efforts that we are here to celebrate today," he told the winners.

The other judges were David Mair, chairman of awards sponsor Ceuta Healthcare; National Association of Shopfitters president Brendan Turtle and last year's overall winner pharmacy proprietor George Romanes.

And the winner is...

First prize went to Murrays Healthcare for its newly designed business at Malvern. Along with a cheque for £3,000, Murrays scooped the Best Multiple Pharmacy Award.

The multiple's pharmacy in Malvern was put up in just five weeks, according to the company, and included the installation of a dispensing robot and a dispensing system involving three benches. Patients hand in their prescription at the first bench, drugs are dispensed at the second and the pharmacist checks and dispenses it at the third. A quick advice counter was also installed for patients who did not need to use the consulting room.

One of the judges said: "[This is] a good business idea and well executed, providing a very attractive offering and seemingly good return on investment."

Murrays Healthcare managing director Duncan Murray said: "We are absolutely delighted to participate in the awards and to have won it. It's great to hear judges saying it could be something out of an art gallery, it is very important to us."

The pharmacy was designed by BAPTT Shopfitters.

Second prize

A close second, and winner of £2,000, was Sutherland's Pharmacy in Kirkwall, Orkney.

Owner Torquil Clyde set out to design a new

store built to offer new Scottish services, including the freshly finalised chronic medication service (CMS), and was adamant he would integrate the retail and professional elements of the business. One of the changes made was a robotic dispensary, which means pharmacists and technicians spend more time on the shop floor.

Due to the offshore location of the shop, materials for the refit – designed by Anderson Retail Consultants – had to be shipped piece by piece to the site. The judges described the new-look pharmacy as "a sumptuous visual treat".

On winning second prize, Mr Clyde said: "I think my staff enjoy working in the environment and they appreciate the effort we have made. It is a real uplift in our daily lives."

Third prize

Primary Care Pharmacy in Nuneaton scooped third prize and a cheque for £1,000. The company stated one of its objectives was to provide 50 supervised consumption clients with dignity and without affecting other patients. Following the fitting of consultation rooms and installation of a Methameasure methadone dispensing system, it reports a significant return on investment.

"Blood, sweat and tears have clearly been invested in this project," the judges said. "Definite wow-factor and the forward planning to include an internet pharmacy and a lobby area for out-of-



Murray's Healthcare's Duncan Murray (top right) picked up first prize in the Platinum Design Awards, sponsored by Ceuta Healthcare, for the stunning Malvern Pharmacy (far left). Second place went to Torquil Clyde's Sutherland's Pharmacy in Orkney, and Michael Burr's Primary Care Pharmacy scooped the third prize



champions

hours dispensing shows a real understanding for future-proofing the business."

The project's designer, John Hilditch of Dollar Rae, said: "You have to have a specific objective and that has to be right at the beginning. You need to focus on not just how it appears but that it is practical and functional and efficient."

Superintendent pharmacist Michael Burr went on to say: "Obviously, the patients are free to go anywhere they like but a great design makes them willing to come to you and go back to you."

Highly commended

The quality of entries was extremely high and three pharmacies were awarded highly commended certificates: Lloydspharmacy in Epping, AE Hobbs in Tunbridge Wells, and MedicX Pharmacy in Blackpool.

One of the USPs for Lloydspharmacy was its beauty section. So, when a merger of two local stores was proposed following a decline in sales in recent years, regional director Nicholas Hougham set out to create a new premium pharmacy model that would combine high end retail and services. It was designed by Lloydspharmacy's in-house design team.

At the awards, Mr Paragpuri said: "Lloydspharmacy's Epping branch is a stunning example of great design on the high street."

Lloydspharmacy senior pharmacy designer

Darren Cotton said: "We needed to figure out how to optimise our business and our returns on our investment by moving into different channels that perhaps we haven't worked in before."

AE Hobbs was also highly commended by the panel for a refit three years in planning.

Mr Paragpuri said: "The beautiful wood finish, the gorgeous red logo and the curved finishes all add up to a truly impressive-looking pharmacy and a fabulous example of how good independent pharmacies can be."

Contractor Chee Ming Majoe said he contacted designer Keith Anderson, of Anderson Retail Consultants, following a C+D article on the 2008 Platinum Design Awards winner.

"What he did for us was superb," Mr Majoe said. "He actually thought outside the box and, [compared to] the two or three I called in before who very much went down a particular route, he thought of details I hadn't thought of before."

MedicX Pharmacy, which has been open less than a year, was highly commended by the judges. It was designed by MIP Design.

The judges said: "[It is] cracking, cutting edge design that uses colour, layout and open space to create a visual delight." Operations manager Gavin Birchall said: "The MedicX Pharmacy vision has been focused on making an environment the patient is happy to be in, and I think it can have a strong overall impact on a patient's health."

CPD Reflect • Plan • Act • Evaluate

Tips for your CPD entry on pharmacy design

- | | |
|-----------------|---|
| REFLECT | Does my pharmacy present a professional image and support work processes? |
| PLAN | Consider how a refit or smaller layout changes could improve image and work processes |
| ACT | Implement refit or layout changes |
| EVALUATE | Have public image and workflow improved? |

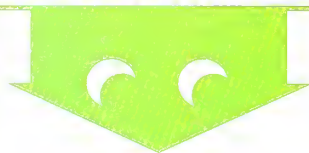
Jobs

Telephone 0207 921 8123

Booking and copy date
12 noon Monday prior
to Saturday publication
subject to availability

Contact: Andrew Walker
Tel: 0207 921 8123
Fax: 0207 921 8132
andrew.walker@ubm.com

Chemist+Druggist
Ludgate House
245 Blackfriars Road
London SE1 9UY

RECRUITMENTwww.ASDA.jobs

Pharmacist opportunities

Lancaster, Rawtenstall, Wigan, Leigh, Southport, Accrington & Farnmouth

Arthritis, dermatitis, tendonitis and more-goes-on-than-meets-the-itis...

When you're in-store, you can do more. When you're not tending to our customers' medical woes you could be dispensing advice on healthy diet. In-store means in touch, in control, and right in the heart of the local community - developing your pharmacy, your way, every day. For more information and to apply visit www.ASDA.jobs/pharmacy

We respect all our colleagues and value their differences. We do not tolerate any form of discrimination or harassment

ASDA SAVING
YOU MONEY EVERY DAY

**Join
Lloydspharmacy,
and be your
communities'
Healthcare
Hero.**

You'll be touching all areas of your local community. Last year we completed 1.5 million healthy heart checks and this year we are even more committed to providing community based healthcare services. So whether you're taking a customers blood pressure or helping people to alter their lifestyles, you will be part of a company that's committed to Healthcare for life at a national level.

Join us to make a real difference to people's everyday lives, and help us to shape the future of healthcare.

We are currently recruiting newly qualified Pharmacists in the following locations:

North East England, Yorkshire, Lancashire, Greater Manchester, North Wales, Lincolnshire, Staffordshire, West Midlands, Kent, West Sussex, Oxfordshire, Devon, Cornwall, Somerset and Gloucestershire.

In return we will offer you a competitive salary, payment of your RPSGB fees, company pension scheme, bonus scheme, private medical cover, interest free loan, overtime, CPD study leave, and optional benefits (such as buying additional holiday entitlement). To apply please email your CV and a covering note to recruitment@lloydspharmacy.co.uk

For a confidential discussion please call a member of the Resourcing Team on 0800 917 8870.

For further information visit
www.lloydspharmacy.com/careers

Lloydspharmacy 
Healthcare for life

LOCUMS REQUIRED**ANDOVER & READING**

Excellent rates for the right candidates.
E-mail locumregister@daylewisplc.co.uk
or call 0208 2566 222

**PHARMACISTS**

Enthusiastic Pharmacists required to manage and provide the full range of services in our established and well supported branches within the Oxfordshire and Bedfordshire areas.

EXCELLENT SALARY

Send your CV by email: satnam.butter@lpcpharma.com
or call on: **01582 560393**

NO AGENCIES PLEASE

CAREERS

Get away from it all

After C+D revealed stress levels in the sector are still soaring, **Zoe Smeaton** finds a team away day could be just the thing

When the pressures of working in the dispensary get on top of you, the last thing you may want to talk about is work. Relaxing away from the pharmacy and trying to forget all about it is probably high on the agenda, so you might not consider spending more time with your colleagues. But actually, getting to know the people you work with could be just the thing to help improve your daily life and kick start your climb up the career ladder.

A useful way to spend time with colleagues is to organise an away day. This could be anything from an afternoon walking the hills, to a trip to your favourite local restaurant or even organising a structured away day through an outside organisation. A quick online search reveals a myriad of options offering everything from days on team building or conflict resolution, to trying to prepare for new projects or work on mission statements.

Deciding what you want to achieve on your away day is important, says Yvonne Tuckley, Numark's training manager. "You need to be clear why you are having an away day in the first place – is it essentially a jolly, or to enable people to learn something, or is it team building? As with anything else, you need to have an objective in mind."

And there are lots of options. Although planning strategies and projects might seem a million miles away from the dispensary, they could apply, for example, if you were preparing to launch a new service. Sitting down with colleagues to plan what you want to achieve and how you will manage it in the dispensary could be a useful exercise and help get everyone motivated. Getting it right from the beginning could make all the difference in making it a success, which will be good for patients, the pharmacy and, of course, your own career.

Perhaps a more likely option in pharmacy is to concentrate on team building. This does need to be planned properly, to ensure people



Rowlands Pharmacy head office staff recently tackled five community projects

will be at their best and so are more likely to get along, but it can bring many benefits. Asda superintendent pharmacist John Evans says it can be useful to get to know your colleagues better. They might, for example, then offer you more support on the tough days at work. Or you might get to know someone senior, who could offer career help and advice.

Suggesting an away day to your employer in the right way could also help your career – if they see you're doing it for the right reasons because you're enthusiastic about developing yourself and about making the pharmacy run as smoothly and efficiently as possible, they're likely to appreciate your approach. Boots, for example, is a supporter of the strategy, saying it has been offering employees community-based team challenges for over 10 years "as an opportunity for colleagues to spend time together as a team while giving practical support to the local community". The multiple says such events can help raise morale but also provide personal development opportunities.

It's also worth considering that taking on the task of arranging a team day will require you to demonstrate organisational and other skills that could get you more brownie points from your employer. Boots works with charities to arrange its staff opportunities and says each day has a team leader.

"The nominated team leader will liaise with the account manager at the charity to co-ordinate the

team challenge. We encourage the team leader role to be taken on by a more junior member of the team as a development opportunity to demonstrate leadership and organisational skills," Boots says.

If you're having trouble arranging an away day, remember that it doesn't have to be a full day away from the dispensary, which can be hard to find time for. You could try to find time outside of work or just go for a few hours. You might even be able to go somewhere work-related, which would help show extra enthusiasm for your job. For example, Ms Tuckley suggests going to an event like the Pharmacy Show or the C+D Awards together.

Whatever you choose to do, though, as long as you're proactive about it and try to take positives from it, there's every chance your away day could help both your everyday working life and your career. As one Boots employee concluded after a team day: "The team really enjoyed the day and the preparation that went in to it. Although it was hard work it was worth it."

Wanted!

Reading between the lines of a job advert

The role: Community pharmacist at a Cornwall independent pharmacy.

The location: Mostly based at a busy dispensary in a Newquay health centre, but with some work at the business's other non-dispensing pharmacy that is popular with tourists.

The job: Usual dispensing activities plus delivering services such as smoking cessation, MURs and EHC.

The patients: Regular patients of the health centre, rather than passing trade.

Best bit: The administrative support. The pharmacist will only be responsible for day-to-day paperwork, with the rest being completed by head office. As an independent, the employer also does not set targets for employees.

You will need: Good organisational skills and lots of motivation to thrive in the busy dispensary.

Only if you don't mind: Some Saturday work at the non-dispensing pharmacy. This role involves giving lots of advice to patients and making OTC sales.

Upcoming plans: The business is open to suggestions on services or other developments, so any ideas you have could happen.

People power: The pharmacy often has two pharmacists working alongside staff such as accredited checking technicians and dispensing assistants.

Apply if: You're happy working for a family-run business with a friendly, sociable team.

C+D was talking to Liz Nickels, director and company secretary of Drury's Pharmacy

See the job advert on page 30 and search for jobs at www.chemistanddruggistjobs.co.uk

CPD Reflect • Plan • Act • Evaluate

Tips for your CPD entry on pharmacy team building

REFLECT Does my pharmacy team work well together?

PLAN Consider if an away day could improve teamwork, and therefore patient service

ACT Organise an away day or team outing, with goals in mind

EVALUATE Did activity improve team morale and has this benefited patient service?

RECRUITMENT

HEALTH CENTRE PHARMACY

We are looking for an enthusiastic full time dispenser/ dispensing assistant to join our team in this busy, friendly health centre pharmacy. Training will be provided if needed. The ideal candidate will be working closely with the complete health care team in order to deliver NHS service.

Please apply with a C.V. to Beran Patel at 020 8689 7127
(beranpatel@hotmail.co.uk)

Brigstock Pharmacy
141 Brigstock Road
Thornton Heath
Surrey CR7 7JN

Pharmacy Manager**Longlevens, Gloucs**

(£excellent + benefits + relocation)

Fantastic opportunities at heart of Community pharmacy.

Email your CV to
maria.mcelvenney@lloydspharmacy.co.uk
or call on 02476 432983



Lloydspharmacy
Your local health authority



Pharmacy Recruitment by Pharmacists

Pharmacy Manager – Shard End, Birmingham

- Spacious refitted community pharmacy with medium/busy dispensing volume
- Great relationships with local surgery
- Opportunities for services with a fully staffed dispensary team
- Flexible working and 4-day week possible
- Genuine market-leading salary – plus benefits and bonuses
- Ideal candidate will have strong management experience and enthusiasm for services

www.iplacerecruitment.co.uk
rob@iplacerecruitment.co.uk
0161 429 6775

NEWQUAY**Pharmacist****FULL TIME POSITION**

Busy independent pharmacy with minimal paperwork. Competitive Salary
Private medical cover and pension contributions. RPSGB fees paid

Drury's Pharmacy – 01637 872589

CV to Liz Nickels

1 Chester Road, Newquay TR7 2RT
or email liznickels@btinternet.com

£100
+VAT for this space
call
0207 921 8123

Pharmacist**Chard, Somerset**

(£excellent + benefits + relocation)

Fantastic opportunities at heart of Community pharmacy.

Email your CV to
maria.mcelvenney@lloydspharmacy.co.uk
or call on 02476 432983



Lloydspharmacy
Your local health authority



LOCUMS

Quest 4 Locums Ltd

has vacancies in Newcastle, Middlesbrough, Manchester, Leeds, Kings Lynn from occasional days to block bookings for Locum Pharmacists in Community Pharmacies. The assignments are for immediate start and in the near future.

www.quest4locums.co.uk
or contact us at

Email:

sales@quest4locums.co.uk
or mobile: 07988 023642

C+DJobs Employers

If you're looking for a great selection of pharmacy candidates, make sure your vacancies are advertised with C+D Jobs.

Contact our team on

0207 921 8123

**LOCUM PHARMACIST'S HANDBOOK 2009/10**

Your pocket guide to Locum Pharmacy Practice

Part-Time Relief Pharmacists and Locum Opportunities
available in:

Suffolk/ Norfolk/Wiltshire/Hampshire Area.

Attractive Salary and benefits package.

For further information, please contact Natlocum@aol.com

www.chemistanddruggistjobs.co.uk

COURSES

**MSc in Community Pharmacy**

Do you have work or family commitments that make home study attractive?

Queens University Belfast has been delivering postgraduate distance learning programmes for pharmacists for more than 20 years. These continuing education courses have been completed by over 2000 pharmacists in more than 25 countries around the world.

Our distance learning format allows pharmacists worldwide to obtain a postgraduate qualification while in full or part-time employment. PG Certificate & PG Diploma awards are available.

Credit may be awarded for previous postgraduate courses.

Our next programme will commence in October 2010. For further information and to apply, please visit our website, or contact the Distance Learning Manager, Brian McCaw: Tel: 028 9097 2004

E-mail: b.mccaw@qub.ac.uk

School of Pharmacy, MBC,

Queen's University Belfast,

97 Lisburn Road,

Belfast, UK BT9 7BL

QUB School of Pharmacy: www.qub.ac.uk/pharm

The School of Pharmacy at Queen's is ranked as the **Number 1 School of Pharmacy in the UK** by the Times Good University Guide 2010.



Queen's University Belfast



Queen's University Belfast is a member of the Russell Group of universities. One of the United Kingdom's top 20 research-intensive universities.

Marketplace

Telephone

0207 921 8123

Contact: Andrew Walker
andrew.walker@ubm.com

PHARMACIES FOR SALE

ORRIDGE

BUSINESS SALES

*valuing and selling
pharmacies for
over 160 years*

0121 362 8880 ENGLAND & WALES OR
01324 631542 SCOTLAND

info@orridgesales.co.uk
www.orridgesales.co.uk

Capital gains tax changes are imminent. Have you considered selling your pharmacy?

- Free, no obligation valuation service
- Professional guidance and management of the sales process to deliver the best price for your business
- Discounted, fixed rates on legal fees through our network of affiliated firms
- Established network of contacts within both the multiple and independent sectors

APM  HEALTHCARE

Call today for a confidential discussion regarding the sale of your business on **01829 238 197** email us at enquiries@apmhealthcare.co.uk or visit our website at www.apmhealthcare.co.uk/pharmacysales

LEGAL SERVICES

the legal prescription

Cost effective specialist legal advice to independent retail and community pharmacies

We can assist with buying, selling, merging and demerging pharmacy businesses as well as related leases, sales and purchases of commercial premises

ANSONS ^{LLP}
Solicitors

Contact
Hilary D'Cruz or Jas Singh
01543 466 660
info@ansonslp.com
www.ansonslp.com



www.chemistanddruggistjobs.co.uk

PHARMACY BUSINESS TRANSFER LTD

**WE ARE URGENTLY SEEKING
PHARMACIES FOR 1ST TIME BUYERS
WITH TURNOVERS OF £500,000 PER ANNUM,
NHS ITEMS 2800 PER MONTH AND ABOVE
ANYWHERE IN THE COUNTRY**

CONTACT DENIS O'LEARY

on **01206 323808** or Mob **07920 476222**

Email denis.oleary@pharmacybusinesstransfer.co.uk

HUTCHINGS PHARMACY SALES

East Yorkshire	T/O	£1,300,000
Leeds	T/O	£930,000
Aberdeen	T/O	£455,000
Wrexham	T/O	£350,000
Cardiff	T/O	£333,000

THINKING OF SELLING THIS YEAR?

If you are planning to sell your pharmacy
you should be preparing for it **now**.

Call us today for a no obligation confidential discussion:
We can provide:-

- ✓ An up to date appraisal of the market
- ✓ A free valuation of your pharmacy
- ✓ A comprehensive list of information and documents you will need to provide to buyers.
- ✓ Tips on how to achieve **TOP** price

We look forward to receiving your call

01494 722224

email: info@hutchingsconsultants.com
www.hutchings-pharmacy-sales.com



Hutchings Consultants Ltd

"We are the only NPA
approved supplier for
selling your pharmacy"

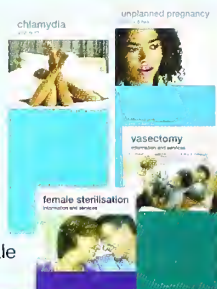


Approved Supplier

FREE sexual health leaflets

Marie Stopes International are experts in sexual and reproductive healthcare and work closely with the NHS to provide local services.

If you would like leaflets about unplanned pregnancy, abortion, chlamydia, vasectomy or female sterilisation call us for a free sexual health pack.



020 7034 2382
www.mariestopes.org.uk



MARIE STOPES
INTERNATIONAL

**Are you Overstocked?**

Knights will help you sell your excess stock!

Check out our website - what can you offer us?

www.knights-fragrances.co.uk

Mashco

Photo • Electrical • Perfumes

Mashco is moving

Our new address

17 Colonial Way
Watford WD24 4PT

Tel 01923 23 44 55 | Fax: 01923 29 88 77

We are pleased to announce that Mashco is moving to a large, state of the art logistics centre in Watford. All of our offices and warehouse operations will be relocated. We hope to be fully operating there by June.

Our new address is 17 Colonial Way, Watford, WD24 4PT.
All web and email address details remain the same.

web: www.mashco.com • email: sales@mashco.com



Chemist+Druggist remains the clear leader
in influencing stock decisions*

*Linda Jones Associates Industry Survey 2009

SHOP FITTERS



15 Years of experience



Nationwide coverage



Concept, design & planning



Manufacture, fitting & installation



The Pharmacy refit specialists

www.rapeed.co.uk • 0800 970 0102

Pharmacy design and shopfitting
without compromise



t: 0845 450 5904

w: www.njlyorkline.com

e: pharmacy@njlyorkline.com

NJL YORKLINE



FINANCIAL SERVICES

THOUSANDS OF RETAIL PHARMACISTS COULD CUT THEIR TAX BILLS BUT DON'T KNOW HOW!

- As the leading tax consultants to retail pharmacists we have clients throughout the UK.
- We know many pharmacists are happy with their accountants but are not getting proactive tax advice.
- We have the answer. You don't need to change accountants - we can work alongside them solving your tax problems and advising you how to reduce your tax bills.
- Some clients like a total service provider - others like to keep their existing accountant and just use our tax consultancy services.

**"We are happy to work in the way
that suits you"**

Call us NOW to discuss how we can help you?
 Phone Anne Hutchings on: **01494 722 224**

www.pharmacyexperts.com



The Leading Tax Consultants
for Retail Pharmacists.

Maple House,
53-55 Woodside Road,
Amersham, Bucks
HP6 6AA

COURSES



**Springboard: sign up now
for the 2010-11 pre-reg
training programme**

**Medway
School of
Pharmacy**

in partnership with

**C+D
Training**

Springboard is a pre-registration programme offered by Medway School of Pharmacy in partnership with C+D. Springboard equips pre-registration students with the skills and confidence to ensure a smooth transition from pharmacy graduate to practicing pharmacist.

The **Springboard** pre-registration training programme consists of eight study days facilitated and delivered by staff from C+D and Medway School of Pharmacy covering a wide variety of topics, enabling students to meet the appropriate competencies in the RPSGB's student handbook.

Springboard is unique in that by the end of the course the students will have also completed an accredited medicines use review training programme, the C+D Counterpart pharmacy assistant course, the Practice Certificate in Pharmacy Management course, as well as receiving a subscription to an online practice exam question website.

Springboard also includes a training day for the pre-registration tutor.

The cost of Springboard is from £1,200 (+ VAT) per student.

**For more information phone 0207 921 8413
or email kinna.mcconochie@ubm.com**

ARE YOU A LOCUM PHARMACIST?



modiplus provides the following
compliance services at a fixed price:

- * Preparation of annual accounts
- * Preparation of tax returns
- * Filing accounts and returns with the HMRC and Companies House
- * Ensuring your accounts and tax returns are filed on time
- * Registering you with the HMRC for self-employment status
- * Help you with the purchase of pharmacy
- * Ad hoc email and telephone advice with our friendly staff etc.

" I am very happy to have an accountant who is a locum specialist. By going into company, I have saved tax and the savings I made in the first year more than covers the accountant's fees. **"**

JNJ LOCUM LTD, LONDON

For more information or for a
FREE consultation please call Sangeeta
on **020 7383 3200**



modiplus TM
ADDING VALUE

www.modiplus.co.uk

MEMBER OF SILVER LEVINE GROUP
THE ONLY REGULATED FIRM OF ACCOUNTANTS
AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES

Postscript...

Rowlands celebrates 200 years of service

To mark Rowlands' 200th anniversary, Postscript takes a look back at how the chain has grown over the past two centuries and what lies in store for the future

1810

It all began 200 years ago, during the reign of King George III (the mad one), when the first Rowlands pharmacy branch opened in High Street, Wrexham, North Wales.

1888-9

The business branches out and a second store is opened in Ruabon, near Wrexham.

1920

One hundred years after the first store opened, and the Rowlands family has become a local institution. Leonard Rowland was the Mayor of Wrexham throughout the First World War and was knighted in 1920, while Mary Rowland was awarded an OBE.

1931

Always a hard-working group, a total of 25,562 prescriptions were dispensed in January and February 1931 alone.

1953

Rowland Cole, several times great-grandson of the founder Edward Rowland, joins the company. He is pictured with his son, right, during an interview for the Daily Telegraph in 1989.

1980

Local paper the Daily Post features the pharmacies, quoting Langshaw Rowland as saying: "I opened the shop at 8.30am to 9.00pm in the week and to midnight on Saturday."

"Prior to that it was 6am opening in the summer and 7am in the winter."

By now the chain has 245 employees and 14 branches. The company also diversifies, with Humphrey Rowland starting the multiple's wholesale business in Wrexham.

May 2010

Rowlands has 505 community pharmacy branches located across the UK. May also sees Rowlands open its first nursing and mobility shop, offering a more specialist range of equipment to complement the products stocked by its pharmacy branches.

Is your pharmacy celebrating a milestone this year? Let Postscript know what you're up to:



A word from the MD

"Rowlands is proud to be celebrating 200 years of providing pharmacy services in the heart of local communities around the UK," says Rowlands managing director Kenny Black.



"Our success can be attributed to our loyal, hard working and dedicated staff who know our customers and understand local health needs. In the last two years alone we have celebrated many long service awards with our branch staff and seen 14 teams and individuals gain awards at national pharmacy events, in honour of their achievements.

"Moving into 2010, we will build on our existing solid foundations of patient care and maintain our community focus. We will continue to invest in staff development and peer-led learning and utilise our simple, but effective, team approach to empower our staff to use their skills and talents to serve our customers.

"We already have an online staff forum and in June this year we will have our first staff conference, attended by two staff from each of our 505 pharmacies. We will use the opportunity to provide feedback from different areas, share ideas and support future plans for the business.

"I believe this approach will allow us to sustain and develop a successful pharmacy business. The team approach has worked for the last 200 years so why change a highly successful formula!"

From top: an article about Rowlands in The Leader newspaper from 1931; an advert proudly declares the number of prescriptions dispensed by Rowlands in January and February of the same year; Rowland Cole and his son get down to business with The Daily Telegraph in 1989; while Rowland the Owl prove a big hit in the community in 2010

Accredited by
the RPSGB

COUNTERPART

PHARMACY ASSISTANT COURSE

Counterpart is an accredited training course for medicines counter assistants. Staff will work through a series of 14 learning modules covering different therapy areas. The learning modules can be shared with colleagues making the course the most economical on the market. A telephone marking system means staff will get instant results when they complete each module.

Written by a team of experienced community pharmacists, Counterpart will equip your assistants with the knowledge required to recommend and sell medicines safely and effectively.



FREE

C+D Guide to
OTC Medicines for
every student

To register your staff, call 0207 921 8425 or visit
www.chemistanddruggist.co.uk/counterpart

Supported by



Reckitt
Benckiser

NEW UNIQUE FORMULATION

FROM THE NUMBER 1 SELLING PHARMACY PAIN BRAND

(excl Private Label)

NEW

Solpadeine[®]
MAX

SOLUBLE TABLETS
PARACETAMOL, CODEINE,
CAFFEINE

STOCK UP
NOW

• Can cause addiction
• Use for 3 days only

- ✓ FAST ACTING
- ✓ TRIPLE ACTION
- ✓ PHARMACY FORMULA

**For short term treatment of acute moderate pain
not relieved by paracetamol, ibuprofen or aspirin alone**

Can cause addiction. Use for 3 days only.



Product Information: Solpadeine Max Soluble Tablets. **Presentation:** Paracetamol 500 mg, Codeine Phosphate Hemihydrate 12.8 mg and Caffeine 30 mg. **Uses:** Short term treatment of acute moderate pain not relieved by paracetamol, ibuprofen or aspirin alone. **Dosage and administration:** Dissolve in water before taking. Adults and children, 12 years and over: Two tablets up to four times daily. Not more than 8 tablets in 24 hours. Children under 12 years: Not recommended. Do not take for more than 3 days without consulting a doctor. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** Can cause addiction. Use for 3 days only. Renal or hepatic impairment, non-cirrhotic alcoholic liver disease. Salt restricted diet. Sufferers from persistent headache and withdrawal symptoms should consult a doctor. **Interactions:** Warfarin or other coumarin anticoagulants, domperidone, metoclopramide, colestyramine, monoamine-oxidase inhibitors, mexiletene. **Pregnancy/lactation:** Do not use without medical advice. **Side effects:** Paracetamol: rarely, hypersensitivity including skin rash; very rarely, reports of blood dyscrasias (not necessarily causally related). Codeine: constipation, nausea, vomiting, vertigo, difficulty with micturition, dry mouth, rashes, urticaria, dizziness, drowsiness, restlessness and irritability. **Legal category:** P. **Product licence number:** 00071/0234. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 16s £3.49, 32s £5.89. **Date of last revision:** January 2010. Solpadeine is a registered trade mark of the GlaxoSmithKline group of companies.